LISTENING WITH COMPASSION AS A PARADIGM FOR EFFECTIVE CARE FOR VOLUNTEERS IN A HEALTH CARE SETTING

By

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Abstract

LISTENING WITH COMPASSION

By

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My ministerial experience of 20 years has shown that patients love to be listened to in a hospital setting. When life's expectations turn upside down and one feels helpless without anybody to talk to, it makes one feel abandoned, lonely and rejected. Everybody wants a compassionate listener—especially terminally ill patients or those waiting for their lab test results. If volunteers lack professional skills, it creates a void in rendering such excellent patient care. Consequently, this project is designed to fill this vacuum. With the shortage of certified chaplains there is this pressing need to train volunteers that will assist certified chaplains in providing for patients' excellent care. Volunteers who stand with a calm presence without being scared by the silence of patients' despair and distress are like the wounded healer, Christ. A study of a population of patients on Long Island shows the enormous task facing the pastoral care department. Volunteers' interaction with patients without proper referral skills to chaplains draws our attention to the need for them to be equipped with listening and referral skills. By so doing it will enhance the mission and vision of Mercy Medical center in their compassionate care to patients.

Dedicated
To my beloved parents Patrick and Pauline Madu.
For nurturing, training and supporting me.

Acknowledgements

It is my pleasure to thank immensely my Professor, Dr. Martha Jacobs for her professional lectures to me. I wish also to thank Professor Humberto Alfaro in a special way for making the Hermeneutic Interpretation of the Scripture at NYTS a transformational one to me.

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To my noble site team members Maureen Ogbu, Elaine, Rosie, Maria Johnson, Joset, Alphonsus Lemanya, Augustine Ojo and the entire project volunteers, Kathleen Fee, Mary Alice my Boss whose leadership transcends race and culture, I warmly share my love and thanks for being there for me.

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INTRODUCTION:

The hermeneutical interpretation of the scripture learned from Dr. Alfaro at New York Theological Seminary, inspired me to integrate Compassionate Listening skills for volunteers in my project. When we study the Scripture and see how Jesus listened to people with compassion, it becomes a transformational insight as we model our listening skill in accordance with our compassionate master "Emmanuel—God is with us." People of faith reflectively listen to what God is telling them in their condition. Challenges in life occur to various individuals in various ways. Some handle their situation personally and quietly while some need to verbalize it to people around them.

The research claim here is that when volunteers are available to vulnerable patients, they can render qualitative services to such patients if they have effective listening skills. Volunteers are like first responders during emergency situations especially when a certified chaplain is not around in that unit. But how can they make good referrals if they do not have the basic skills? It is important to involve the volunteers in the professional work of chaplains because of a shortage of certified chaplains. Patients are more numerous than the working population of chaplains. Volunteers are greater in number and will be very helpful because they are always available on the floors in the hospital. Any volunteer that comes to serve has compassion by intent; but the acquired listening skills will enhance the compassionate service of the volunteers. With this intention in mind, I hope that this training will complement their referral skills to the

certified chaplains and at the same time help them cope with compassion fatigue and bereavement strategy for their own well-being.

CHAPTER 1
THE SETTING

General Setting: Long Island, New York

Long Island is comprised of two major counties: Nassau and Suffolk. According to recent population data, about 2.8 million people are presently living on Long Island, which makes it 15% of the New York State population.[1] The ethnic and religious breakdown of the inhabitants of Long Island is shown in Chart A and Chart B respectively.[2] Comparing Long Island's population thirty years ago with the most recent population census, the data depicted in Chart A below shows an upsurge of certain immigrant groups, such as Hispanics and Asians.[3] Because of the need to find jobs, more new immigrants are relocating to areas in Long Island where there are more employment opportunities. Following such resettlement of many immigrants in Long Island, the area has witnessed recently a shift in population dynamics compared to what it used to be. Many experts expect that the trend of such swings in population growth will continue as many corporations are relocating their businesses to the area. Some believe that the current population of Long Island is far greater than the census data suggests, because there are many unaccounted Latinos, who are part of an undocumented immigrant community.

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[1] "Long Island Index 2010," www.longislandindex.org (accessed December 14, 2011).

[2] Mary T. O'Neil, "Matthew's Project" (DMin. diss., New York Theological Seminary, 2006), 8.

[3] "Long Island Index 2010."

Chart A: Race/Ethnicity

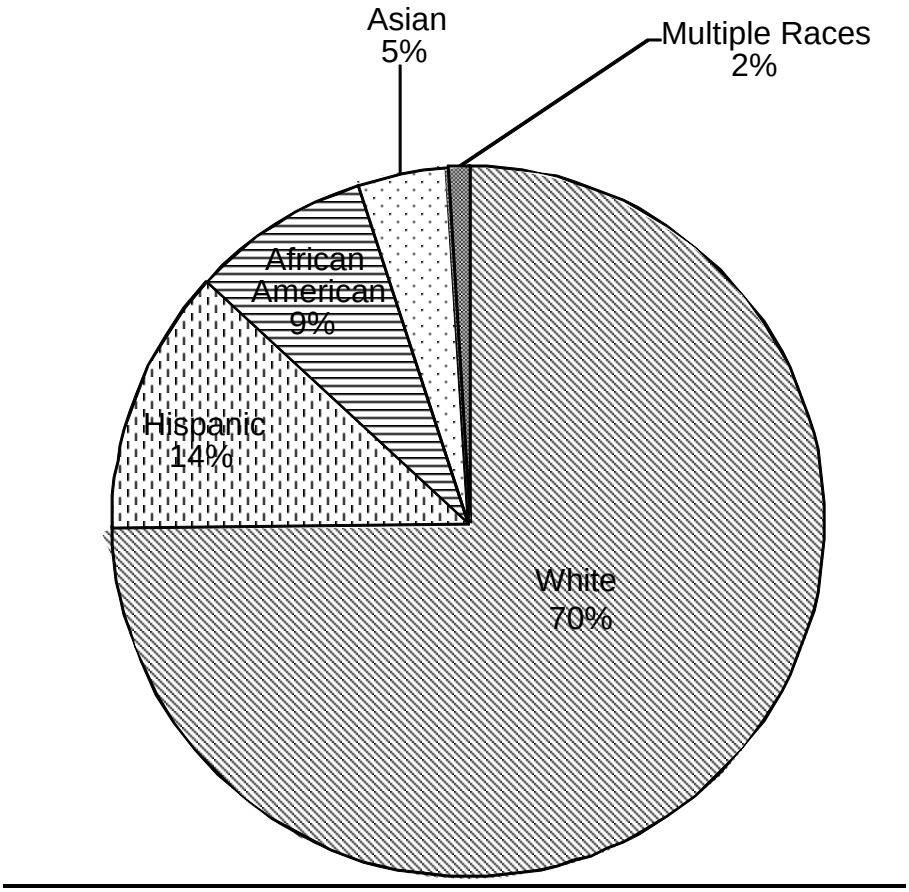

Figure 1: Long Island, NY: Demographics and Ethnicity[4]

[4] O'Neil, "Matthew's Project", 8.

Chart B
Religious Affiliation Demographics on Long Island, NY[5]

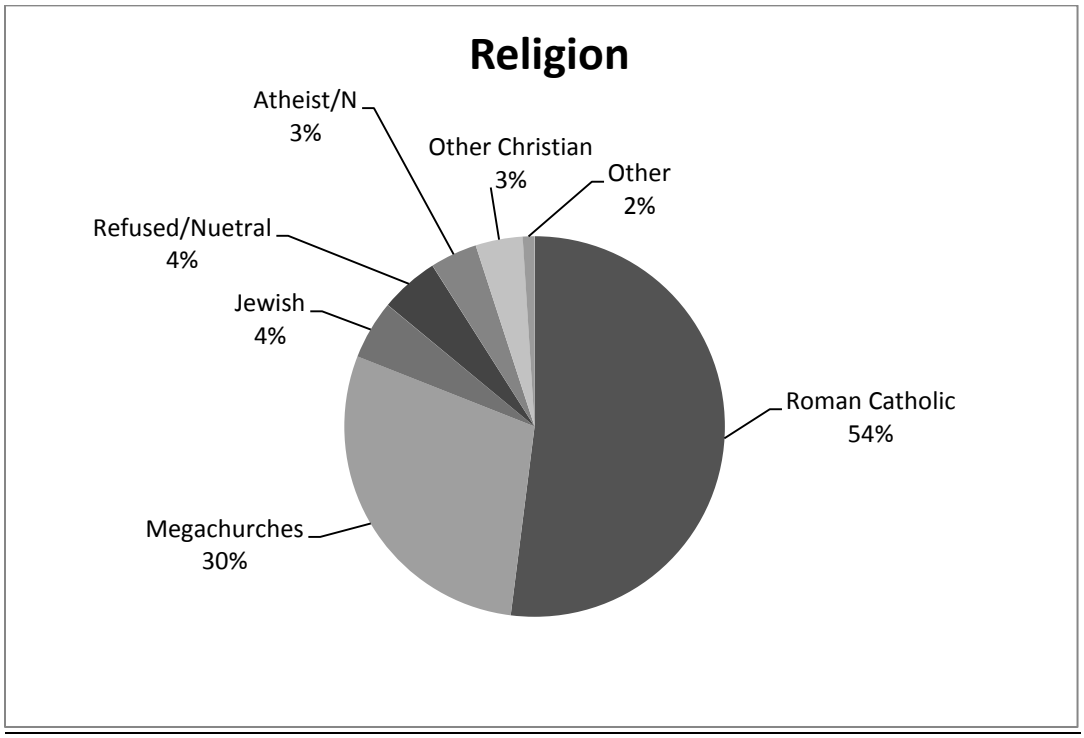

Figure 2: Religious Affiliation Demographics on Long Island, NY

Chart B displays the current population composition of various religious groups within Long Island. Among the different religious groups, Catholics make up more than half the number of worshippers. Behind the Catholics are Mega-churches, Jewish, Refusal/Neutral, Atheist, Other Christians, among others.

Specific Setting: Catholic Health Services of Long Island.

Catholic Health Services (CHS), which is an integrated health care delivery system that includes some of the region's finest health and human service agencies since 1913, has been chosen as the setting for this project.[6] Melville is the headquarters for

[5] Ibid., 9.

[6] Catholic Health Services of Long Island, "About Catholic Health Services of Long Island," http://www.chsli.org/about.html (accessed October 9, 2012).

CHS on Long Island. Catholic Health Services of Long Island is an independent organization that has multi-dimensional activities within it.

The center offers services to non-immigrants, Down syndrome children, elderly people with disabilities, hospice care, palliative care, the terminally ill, cancer care unit, home bound patients, and nursing homes. In addition, CHS has, as part of its responsibilities, training chaplains—clinical pastoral students. It has six hospitals, three nursing homes, a regional home care, hospice group and a community-based agency for persons with special needs. The six hospitals under the CHS are Mercy Medical Center in Rockville Center, St. Catherine Hospital, Good Samaritan Hospital, St. Francis Hospital, St. Joseph Hospital and St. Charles Hospital.[7] Some of these hospitals have different religious leaders who are part of the hospital ministry: a Jewish Rabbi, Muslim clerics, Imams and different members of other Christian denominations. These leaders all partake in offering religious services to patients and members of hospital staff.[8]

Setting: Mercy Medical Center and their Volunteer:

Mercy Medical Center which is located in Rockville Center on the southeast corner of the Southern State Parkway and Peninsula Blvd—the building complex facing Hempstead Lake.[9] The Congregation of the Infant Jesus founded Mercy Hospital, which originated in Neufchatel France in 1835.[10] Their Mother house in LeMans, France, started in 1888, but by 1900 many members of the congregation came from Belgium and

[7] Ibid.

[8] Trish, Spiritual Care Companion Member, Interview, Malverne, NY, April 2012.

[9] http://www.lipower.org/pdfs/company/pubs/popsurvey/popsurvey06.pdf (accessed February 10, 2012).

[10] Mercy Medical Center, "Mercy is for me," http://www.mercymedicalcenter.chsli.org/about-us/gold-star-employees.html (accessed August 2, 2012).

some went to England in order to avoid the instability and religious persecution. It was in 1905 that "three French speaking members" of the Congregation came to United States. The three established themselves in Brooklyn with the Little Sisters of the Poor. [11]

Like many settlers before them, members of the Congregation of Infant Jesus were initially afraid when they arrived in the United States. But a little charitable gift of an apple from a young boy who was selling fruits gave them a glimpse of hope for better things to come. The first known assignment embarked by members of the Congregation of the Infant Jesus was a special appeal made by Bishop Charles E. McDonnell, who asked them to nurse the ailing poor people in the diocese. This nursing assignment evolved into a broader venture that ultimately led to the creation of New York State Certified Health Agency known as "Nursing Sisters Home Visiting Services." Such change was made possible by the permission granted by Pope Pius X.[12]

A branch of such services in Hempstead formerly known as "Old Mercy," opened with 13 beds in 1941; later changed its name to "New Mercy," which eventually gave birth to what we now called the Mercy Medical Center, which contains up to 374 beds.[13] For all this period, it has been providing proficient services, caring and compassion for many who have knocked at the door of the Good Samaritan for healing.

Mercy Medical Center, as part of Catholic Health Services of Long Island, still maintains her apostolate and outreach in prison ministry, interfaith Nutrition Network, and teaching at the college level. As part of its motto: "To minister in Christ" and to remain faithful to her mission, on 21st October of every year, the Congregation of Infant

[11] Mercy Medical Center, "Mercy is for me."

[12] Ibid.

[13] Ibid.

Jesus commemorates the warm reception bequeathed by a vendor who gave an "Apple" to one of its members by repeating the same generous gift of apples to patients and staff.[14]

Organizational Structure

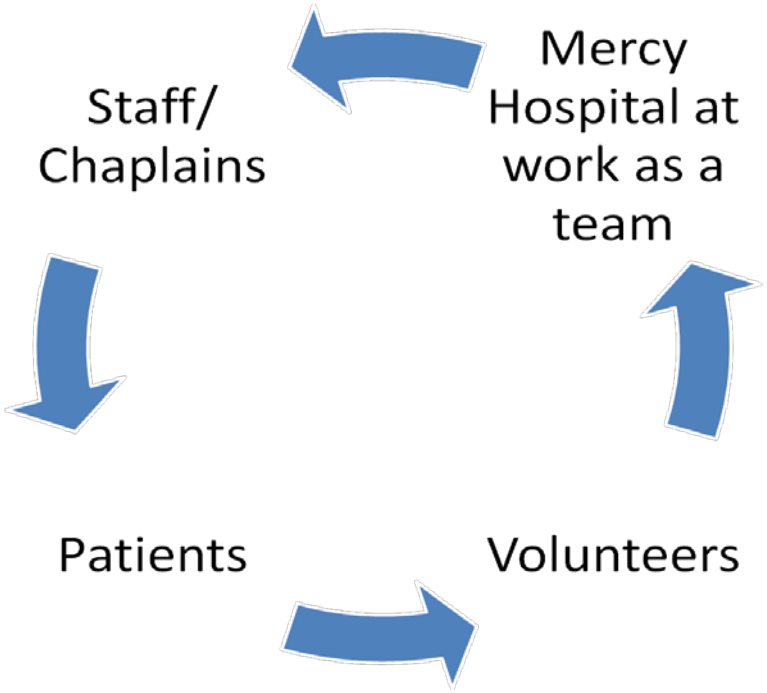

Figure 3: Organizational Structure

The above diagram shows the team spirit at Mercy Hospital; how the members work as a family with common goals. The core goal is predicated on improving the general well-being of patients and ensuring their satisfaction.[15] Also, Mercy hospital manages other areas as the diagram below shows.

[14] "Mercy is for me."

[15] Mercy Medical Center, "Mercy is for Me."

Focus Setting: Mercy Volunteers:

The demonstration below highlights a wide spectrum of volunteer services to patients shown in the following

Chart A: Organizational Chart.

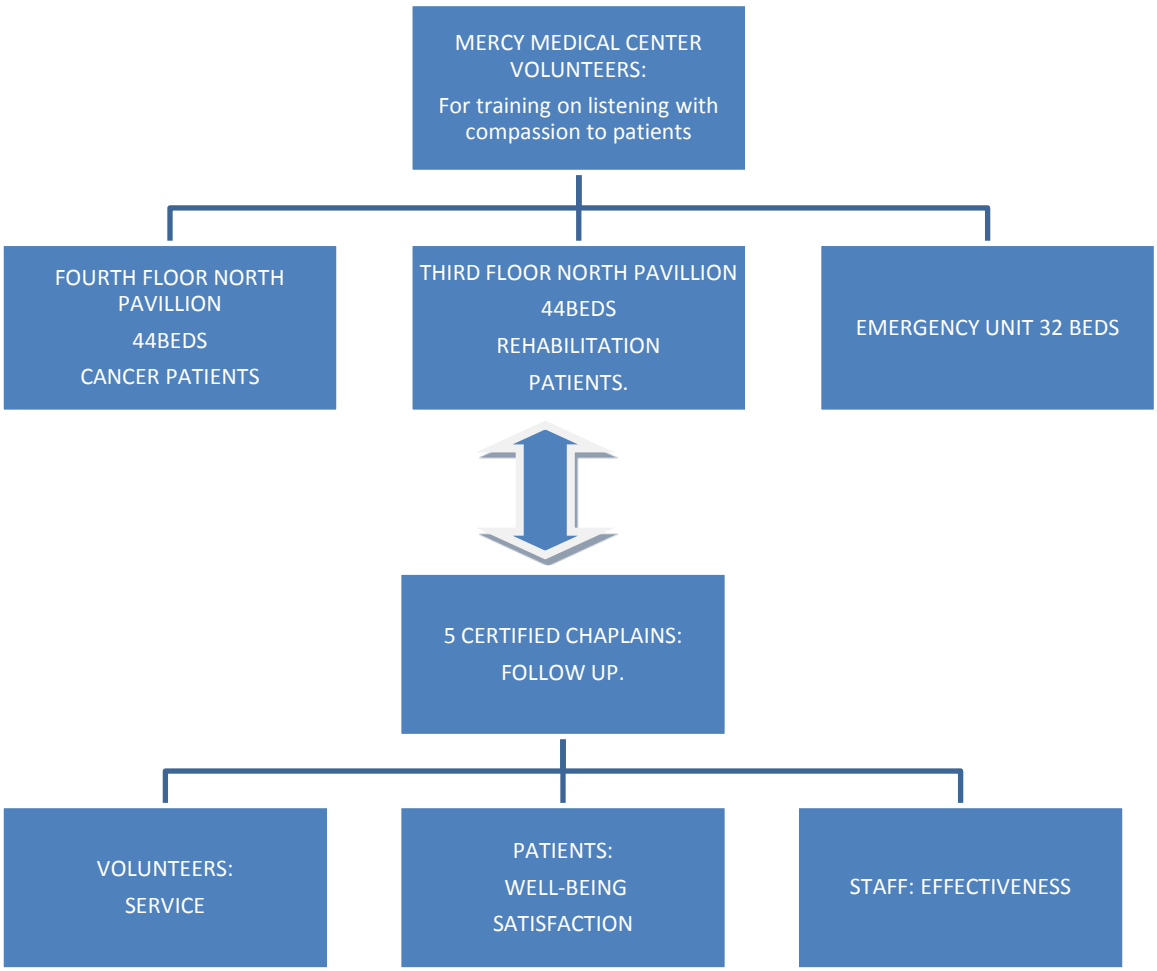

Figure 4: Mercy Medical Center Volunteers Organizational Chart

The above diagram shows the network of volunteers that work at different sections of the Mercy Hospital and the motives of the organization. The duties of these volunteers include among other things, to provide need-based assistance as required by the patients and staffers of Mercy Medical Center. The following terms: listening, compassion, empathy, paradigm, certified chaplain, and volunteers will be defined later,

as these terms are important words that are used to shed light on important features of this project.

Volunteering at Mercy Medical Center has existed since1941. The credibility of the network of services rendered by these agencies is revered by many people around the state and has engendered lots of people from different counties to emulate the model.[16]

On the one hand, volunteers at Mercy under Kathleen Fee, who is their co-coordinator, are men and women who are retired but still wish to serve God through patient care services. Some volunteers are not retired; rather they are people who are searching for a job. They spend their free time to gain experience in a hospital setting while they wait to be employed. Volunteers are on almost all the floors and units serving patients and staff in the hospital. These volunteers, in some cases end up being employed as staff once there is an open position.[17]

There are three types of volunteers, those who serve without any future plan of having a salaried job; the other part are Eucharistic ministers helping to bring communion to the sick; and the third are those who wish to be employed in the future but want to start as volunteers first. Generally volunteers, according to Kathleen Fee, always express their wish to give back to God and their communities in kind by rendering patient care services to patients.[18] Volunteers offer hospitality to patients as part of their ability to pay attention to others.[19] Volunteers care about the patients' cause or people they serve.[20]

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[16] Mercy Medical Center, "Mercy is for Me."

[17] Interview with Kathleen Fee, Rockville Center, NY, August, 22, 2012.

[18] Ibid.

[19] Robert C. Dykstra, *Image of Pastoral Care Classic Readings* (St. Louis, MO: Chalice Press, 2005), 81.

Chaplains and volunteers both listen to patients' emotional stories and grief; but certified chaplains professionally explore further the patients' spiritual and emotional worldview. It should be pointed out that to "listen" means to harken, to give ear to, or to attend closely with a view to hear. Listening, for Lindahl is not a passive exercise or just being quiet, rather it calls for action, which consumes lots of energy in the process.[21] Also, listening entails capturing and understanding the messages that clients communicate.[22] Since it is an art it has to be learned properly for effective results. Of course, both chaplains and volunteers need to listen with compassion. We shall be elaborating more on that in a later chapter when I will be treating the comparable ministries of Chaplains and Volunteers. Meanwhile, we shall be exploring the analysis of the challenge statement as seen below.

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[20] Jo B. Rusin, *Volunteers Wanted: A Practical Guide to Finding and Keeping Volunteers* (Mobile, AL: Magnolia Mansion Press, 1999), 37.

[21] Kay Lindahl, *Practicing the Art of Listening, A Guide to Enrich your Relationships and Kindle Your Spiritual Life* (Woodstock, VT: Skylight Paths, 2009), 5.

[22] Clara Hill, *Helping Skills Facilitating Exploration, Insight, and Action* (Washington, DC: American Psychological Association, 2004), 100.

CHAPTER 2
ANALYSIS OF THE CHALLENGE

Looking at the population data of people from different religious groups on Long Island, one will see the task that awaits the pastoral care chaplains. They cannot do it alone without the assistance of volunteers. This is the target concern for this project. Catholics are the largest religious group on Long Island, as seen in chart A. Since Mercy Medical center is a Catholic hospital, a majority of patient admissions are Catholics, and therefore the expectation for spiritual and emotional services will be heavy on the very few certified chaplains.

The volunteer labor force will be employed to assist them.[23] It can be overwhelming for three certified chaplains to attend to the spiritual and emotional needs of patients. Identifying the patients that need urgent attention come in many ways, either through volunteers' encounter with them at the emergency room or as they transport them to their rooms. But without proper listening skills volunteers will not know exactly what to pay attention to while they listen to patients; and when, and to whom to make referrals. Some meet with patients when they demand water or ice. Because the volunteers are not trained chaplains, there is a need for them to be trained with listening skills that will enable them to identify patients that need to be referred to the certified chaplains. Such

[23] "Valuing Volunteers: The Impact of Volunteerism on Hospital Performance," http://www.ncbi.nlm.nih.gov/pubmed/19322043 (accessed on January 14, 2013).

listening skills include eye contact which is a key non-verbal behavior.[24] Such eye contact has to be used with caution because of cultural limitations. It has to be an engaging skill with a moderate look so as to reassure the patient that you are paying attention to him or her. When volunteers lend a hand, their labor speeds the work along and allows certified chaplains to accomplish important professional tasks that might have taken twice as long to complete without the volunteers.[25]

Without proper education their volunteering work may be boring and unfulfilling to a certain degree. How volunteers contribute range from simply being available to lend a hand to providing advanced training for local people or assisting nurses, chaplains and doctors within the health care setting.[26]

This fulfills the first goal and strategy of creating awareness of listening skills among staff and volunteers as we can see in Goal 1 and Strategy 1. In Florida for instance, many hospitals were invited to participate in the study of volunteers' cost saving and patient satisfaction. Questionnaires were distributed and patients' scores for 50 Florida hospitals were analyzed using the data sets from the America Hospital Association. Such awareness of the importance of volunteers is growing in many state hospitals and in hospice-care management. According to Dr. Mary T. O'Neill, the American Religious Identification Survey (ARIS)[27] identified very significant shifts in the religious demographics of the continental US. Dr. O'Neill goes further to prove the

[24] Hill, *Helping Skills*, 101.

[25] Joseph Collins, Stefano DeZerega, and Zahara Heckscher, *How to Live Your Dream of Volunteering Overseas* (New York: Penguin Books, 2002), 7.

[26] Ibid.

[27] O'Neill, "Matthew Project," 13.

essence of providing volunteer work force in the pastoral department when she presented a succinct finding made in 2001 which includes:

- The proportion of the population that can be classified as Christian has declined from 86% from 1990 to 77% in 2001.
- The number of adults who classify themselves in non-Christian groups has risen from 5.8million to about 7.7milion, but the proportion of non-Christian groups has increased only about 3.7%
- Greatest percentage increase has been among those who do not subscribe to any religious identification; this number has more than doubled from 14.3 million in 1990 to 29.4 million in 2001; their proportion has grown from 8% of the total in 1990 to over 14% in 2001.
- There is substantial increase in adults who refused to reply to the question of affiliation from about 4million (2%) in 1990 to more than eleven million (over 5%) in 2001.[28]
- With these finding above one will visualize the essence of inviting volunteer workforce into the Mercy medical center and all the hospitals that will be making use of this project.

While the religious demographics presented are for the entire United States, one can easily draw an analogy from them as something that will be applicable to us at Mercy Medical Center in Long Island. We need to empower the volunteers to better assist the certified chaplains. The biblical support made by Jesus was "the harvest is rich but the laborers are few" (Matt 9:37).[29]With my 20 years of experience in priestly ministry and 8 years as a chaplain at Mercy Medical Center under Catholic Health Services in Melville,

[28] O'Neill, "Matthew Project," 12.

[29] Unless otherwise noted, all biblical references will be from the Revised Standard Version.

Long Island, I have become aware that listening skills of volunteers need to be improved. Prior to this project the primary duties of some volunteers were to distribute ice cubes and water to patients, or to transport them from the emergency room to various units and floors. Patients tell their sacred stories to volunteers who are not trained chaplains and if they are not aware of referral skills, they may not know to refer patients only to certified chaplains. That is one of the reasons why this project is very essential for this particular group of volunteers that have access to patients.

During volunteer recruitment, there is no orientation course on listening skills, but now it is a welcomed development. The volunteer departments have seen the essence of this and have adopted it to be taught. Bearing in mind the shortage of staff in pastoral care, it will be nice to harness the window of opportunity provided by the volunteer office. When volunteers are trained on listening and referral skills they will be able to serve patients well and at the same time make effective referrals to certified chaplains.

Listening skills are an important component of delivering effective services to patients and staff at large. Most volunteers have compassion for patients but the lack of basic listening skills prevent them from rendering effective services to patients. Cultural influences, referral skills, coupled with attending skills of verbal and non-verbal gestures, paraphrasing, uninterrupted listening, contemplative and reflective listening were addressed during the workshops. Volunteers were able to embrace the paradigm skill in their lives.

Based on personal experience dealing with volunteer workers at Mercy Hospital Center, many volunteers often demonstrate lack of certain basic listening skills, which are needed to help them be effective listeners when dealing with patients. On various

occasions, I have run into some volunteers who were having a hard time handling less demanding challenges that could have been resolved if they were skillful in effective listening. In one instance, a 93-year old was frustrated on being at the hospital. She showed her discontent by exhibiting constant anger at the volunteer worker. The volunteer, who was unskilled in listening, interpreted it that the patient was unhappy about the room she was staying at. On talking to the patient in a more professional way, I realized that the patient in question no longer wanted to live. She in essence wanted to die, but the volunteer worker did not pick up such an implicit signal.

This event and others similar to it, prompted me to set up a project that would improve the effectiveness of volunteering for the benefit of patients; and in so doing, improve the quality of care given by members of the staff, nurses, and doctors. It has been shown that such skills as eye contact, which is a key nonverbal behavior skill, needs to be addressed when training new volunteers.[30] Hill's *Helping Skills* will be helpful to train volunteers in areas of facial and eye contact, feedback, verbal interpretations and non-verbal skills like nodding. Biblical illustrations will be used to enhance their empathetic Emmanuel-style approach of compassionate listening. Another aspect of skills that volunteers need to improve on is how to deal with a patient who is confronted by a loss of a loved one and still is in a grieving stage. When such inevitable events happen, it is essential that the volunteers know how to provide solace to the patients while listening effectively to their concerns and eventually refer such patients to a certified chaplain.

Since the establishment of Mercy Hospital Center in 1905, it has not formally provided its volunteers with a special training on the importance of effective listening

[30] Hill, *Helping Skills*, 101.

when dealing with patients' concerns. Volunteers do not know when to make referrals to certified chaplains. Referrals should be integrated into volunteer's relationship as closely as possible.[31] Some volunteers even lack the skills to cope with their own grief and loss, talk more of listening to patients who are going through similar experience.

A study shows that both patients and physicians indicate that compassionate care is important during their most recent hospitalization.[32] Everybody wants to be listened to especially patients. For example, 83% of patients polled indicated that they expected that physicians would express sensitivity, caring, and compassion, but fewer, or 67%, indicated that physicians actually demonstrated those behaviors during their hospital stay. Also, 91% of patients confirmed that they would expect that physicians would listen attentively to them compared to 67% who said that they were listened to during their most recent hospitalization.[33]

There is need for volunteers to make referrals when listening to patients that need a certified chaplain. The moment of referral is a moment of truth in which we face our need to monitor ourselves carefully so that we can control rather than be controlled by our inner experience.[34] Kennedy and Charles assert that true life stories from patients are interesting and can easily arrest our attention.[35] Thirdly, some of them are going through their own grief and loss that prevent them from listening well. The event of death and the

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[31] Eugene Kennedy and Sara C. Charles, *On Becoming a Counselor: A Basic Guide for Nonprofessional Counselors and other Helpers* (New York: Seabury Press, 1977), 153.

[32] "Mercy is for Me," http://www.ahcmedia.com/public/samples/mea.pdf (accessed January 12, 2012).

[33] Ibid.

[34] Kennedy and Charles, *On Becoming a Counselor*, 150.

[35] Ibid., 143.

process of dying have an immense impact on individuals.[36] When volunteers encounter patients with similar stories some of them become emotional about it and may not know the professional exit strategy. Some volunteers keep on telling their own stories without knowing when to allow patient to share his or her own story.

What is at stake biblically is to introduce to them some biblical illustrations that will enable them to embrace Emmanuel-style of approach to listening with compassion. Theologically, volunteers will be able to ascertain from their role play of certain parables in the bible where they place God in their life during grief or emotional crisis as they listen to patients.

System change is in question here; presently, they only concentrate on bringing cold water, newspapers and novels to patients. This project will expand their horizons to include listening and referral skills in their program. Due to the nature of the Catholic institution I am working with, coupled with the fact that I am not a citizen, I may not be allowed to make a global system change as a Roman Catholic priest. The attempt made to work with Spiritual Care Companion raised a conflict of interest and power tussle. Consequently, I was advised to work with non-professional volunteers. This project has really unraveled a lot of latent points that will be addressed as we move along. Within this volunteer department the coordinator welcomed in good faith and with every enthusiasm the projected changes. It has to be a paradigm shift for some of them because it will be different from what they are used to and not everybody welcomes change very easily. Because I will be endeavoring to make a paradigm shift it is necessary to define what I mean by a paradigm.

[36] Anthony I Madu, "Death and Dying and How We Respond to It" (Master's thesis, Fordham University, 2007), 16.

According to Covey, it is a Greek word which means, a model, theory, perception, assumptions or frame of reference.[37] The way we understand, perceive and interpret the world around us matters a lot. "Paradigm" comes from the Greek word *Paradeigma* "an example" or "a pattern." Breton and Largent observed that quest for improvement and the change of the way things are done leads to a lot of paradigm shifts and patterns. Any model or pattern one brings to the table has good intention. It depends on the system that will be implementing the coping skills which implies finding ways to fit into the norms that are healthy. Breton and Largent were concerned about "paradigm conspiracy" because some people in our society do not like change in their life.[38] Most people fight against change at all cost. So as long as the paradigm remains invisible, we are stuck, but the prevailing model stymies change.

It will not be a surprise if some of the volunteers do not welcome the new approach of listening and referral skills. Some of them find fulfillment in just providing assistance to the sick by bringing water, ice cubes, newspapers, dressing the bed and chatting with patients, which is also part of keeping them company.

[37] Steven R. Covey, *The 7 Habits of Highly Effective People: Powerful Lessons in Personal Change* (New York: Simon & Schuster, 1990), 23.

[38] Denis Breton and Christopher Largent, *The Paradigm Conspiracy, Why Our Social Systems Violate Our Human Potential- And How We Can Change Them* (Center City, MN: Hazelden, 1996), 5.

CHAPTER 3
GOAL AND METHODOLOGY

The goals for this project were mapped out chronologically as seen below:

Goal: To create awareness among volunteers and coordinators of the need for volunteers to be trained with listening skills.

A) **Strategy**: Discussion with the volunteer coordinators to know how many volunteers will be available for this project.

   Objective: Expectation will be approximately 50 volunteers to be recruited within one month period.

B) **Strategy**: To interview them during their monthly orientation and in various units to seek their consent.

   Objective: To confirm that those interviewed will be committed to participate in the project within a one month period.

Goal: To Train volunteers that will be implementing the listening and referral skills with Emmanuel compassion as their model.

A) **Strategy**: To read passages from the scripture that illustrates Jesus' compassion for sinners, poor, oppressed and the faithful. (Drama will be involved.)

B) **Strategy**: To develop listening/referral skills that will create effective communication between the chaplains and the volunteers for patients' efficient care through pager/telephone.

Objective: To enhance their spiritual commitment to compassionate service to patients through scriptural passages.

Goal: To create a manual that will complement their volunteer service for patients' excellence.

A) **Strategy**: To look into what they have and how they operate; and then augment it with the new program.

Objective: At least 10% of volunteers every year will learn the listening and referral skills for a collaborative service with certified chaplains.

The methodology that will be workable here will be the Gestalt existential-phenomenological approach which will be used to integrate the Emmanuel compassionate approach with volunteers, because it is based on the premise that individuals must be understood in the context of their ongoing relationship with the environment.[39] Because of the paradigm shift from what the volunteers are used to, it behooves us to help volunteers to come to grip with what they are thinking and feeling and doing as they interact with patients.[40] Through the scriptural illustrations of Jesus' compassion and dramatizing parts of it during workshops, it will help to stabilize their basic compassionate listening skills as they view Jesus as the model of compassion (Lk 6: 36). Such a dialogical approach will develop and establish a solid volunteers' foundation for collaboration with certified chaplains and create room for patients' I-thou relationship that are: "Spontaneous and organic to the moment –to-moment experience."[41]

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[39] Gerald Corey, *Student Manual Theory and Practice of Counseling & Psychotherapy* (Belmont, CA: Thomson Learning, 2005), 93.

[40] Ibid.

[41] Ibid.

This Gestalt model is a great awareness pattern to success, an awareness that helps the process of attending to and observing one's own sensing, thinking, feeling, and actions by paying attention to the nature of one's present-centered experience.[42] Crowe's methodological approach is based on an action and reflection model and it will be helpful in training the volunteers because the methodology in question is all-inclusive model that involves the way one inquires, formulates, understands, reflects, discerns and make a decision.[43] As the volunteers search for new ways to master basic listening skills, this will help volunteers to reflect on their experience as they encounter patients and make referrals to certified chaplains too. This venture will be a transformative learning process for most of them. Consequently, Jack Mezirow in his book *Transformative Learning* asserts that: "Transformative learning has become one of the most influential ideas in the field of adult learning and development to emerge in the past 20years."[44] This is evident in our aging and learning experience. For some their learning process is slow, some do not welcome change, some resist change. Invariably, transformation is relative and at the same time global for some groups and communities.

[42] Corey, *Student Manual Theory and Practice*, 95.

[43] Frederick E. Crowe, *A Third Collection: Papers by Bernard J F. Lonergan, SJ* (New York: Paulist Press, 1985), 140-143.

[44] http://www.capro-online.org/eric/docs/fenwick3.pdf (accessed January 4, 2012).

CHAPTER 4
IMPLEMENTATION OF THE PROJECT

Strategy 1:

This first step made towards the implementation was the collaboration and awareness created among the coordinators and volunteers in the hospital. This sensitization that was developed really created solidarity that resonated with volunteers in such a way that when questionnaires were prepared and sent, up to 20 volunteers accepted it (see Appendix D). Questionnaires were simplified for the volunteers so that they were able to grasp what the project was all about. This batch of questionnaires was dispatched in May 2011 and the volunteers were encouraged to enlighten other volunteers by sharing the dispatched information. The feedback through email and phone calls either signaled for more clarification or a redo of it. The first draft of the questionnaire made was very difficult for some of the volunteers to write feedback, that was why the Likert scale samples of agree, strongly agree, neutral, disagree, strongly disagree style were used.[45] Other volunteers were recruited from January to July of 2012 and trained during workshops and in units. Other volunteers that have learned from the program became mentors to the new volunteers at various units.

The feedback that was received from six volunteers after first six weeks was quite encouraging. Some responded that some patients were under medication and sleepy, they could not talk much. Some said that their initial visit was very hazy. Some were quite

[45] John McLeod, *Doing Counseling Research* (London: Sage Publications, 2003), 59.

uncertain what next step to take when a patient was not willing to talk to them. However, it all worked out that they were able to have their first week project-job interview experience with patients.[46]

Emilce, one of the chaplains working with me felt satisfied with the feedback she got from the trained volunteers on what to expect from the program.

Exercise and Training

The exercise and training yielded good results because volunteers were able to discuss among themselves, sharing information with each other in various units. Volunteers were able to identify words and phrases like "I feel terrible, afraid, bereaved, or I need a priest" and were able to make a referral to the chaplain. Their listening with compassion was enhanced day by day as they gained confidence in the use of the skills. They modeled their compassion for patients as they reflect on the scriptural references and illustrations we dramatized at the workshop.

The volunteers' convenience was considered during every scheduling of training and venue. I was flexible with the participants' time and work schedule. The mission and vision of Mercy Medical Center founders were devoted to the service of patients. Similarly, volunteers, staff and chaplains kept the compassionate caring of patients effectively strong at Mercy Medical Center. Scripture says "how can they go unless they are sent" (Rom 10:15). Consequently, one has to be trained so as to perform well. Hooks' theory of learning supports the fact that every individual has something to offer. A volunteer was sharing his experience with a patient whom he listened to uninterruptedly and the patient thanked him emotionally with tears falling from his eyes. The patient said

[46] Alison Doyle, "First Job Interview Tips," http://jobsearch.about.com/od/interviewsnetworking/a/firstjobinterview.htm (accessed January 18, 2013).

that he just wanted somebody to listen to him, that he knew he was going to die of cancer but he wanted "to chat it off with someone" and a volunteer was available on the floor. The volunteer felt excited that he performed exactly what he learned. Hill states that "a key to listening is for helpers to pay attention to clients without formulating next response."[47]

The volunteer listened to a patient without interrupting the patient. Listening in this case becomes a part of life.[48] Quite unlike some people who always interrupt patients' stories. A silent listening moment in this case delivered the service that the patient needed at that moment. "Silence is often referred to in terms of space as the immensity inside, the cave of the heart, the oasis of quiet, the inner sanctuary, the interior castle, the sacred center where God dwells."[49]

This is essential in our interaction with patients, but some people seem not to be at ease with silence. The other volunteer was able to share how he used restatement to attend to the patient in his unit and it worked out fine. Restatements like "I hear you saying.., sounds as though…, I wonder whether…, or you are saying that…"[50] helped volunteers to focus on issues that matter to the patient, like the one that lost her husband and was sick; it really helped the patient to express her emotions.

The weekly and monthly exercise at various units with volunteers became more exciting as volunteers became interested about meeting with patients to practice new

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[47] Hill, *Helping Skills,* 109.

[48] Peter John Cameron, O.P., *Benedictus, Day by Day with Pope Benedict XVI* (Yonkers, NY: Ignatius Press), 2006.

[49] Frederic Brussat and Mary Ann Brussat, *Spiritual Rx, Prescription for Living a Meaningful Life* (New York: Hyperion, 2000), 231.

[50] Hill, *Helping Skills,* 133.

skills. Paraphrasing clarifies thought and encourages catharsis which relieves emotional tension. Every skill was encouraged to be done with moderation. Hooks' theory that learning motivates the learner to yearn and crave for education was correct. Whenever a workshop was advertised volunteers turn up because of what they have learned from the previous one. At the same time some of the youth were leaving the volunteer work to attend summer school. Some who wished to be employed got a job somewhere and left. I lost some of the volunteers like that. These were some of the problems I encountered within the few months before March 2012.

Reflecting on Hooks' idea of education will enable us understand the essence of training the volunteers:

> Learning process comes easiest to those who teach...and to teach in a manner that respects and cares for the souls of our student is essential if we are to provide the necessary conditions where learning can most deeply and intimately begin.[51]

Hooks' tenet is a confirmation of what works for the training of the volunteers. Volunteers participating in this project expressed their interest to implement on various floors what they have learned from the workshop. Teaching them brings us together as one family with one mission for the patients' excellent care.

The explanation to volunteers was about the need for them to understand some of the basic listening skills that their present work required. The training brought up the fact that listening is an art had to be performed effectively. Some practice active listening while others practice passive listening.[52] Some have poor listening skills and some have good listening skills. The basic skills of eye contact with patients was emphasized, so as

[51] bell hooks, *Teaching to Transgress Education as the Practice of Freedom* (New York: Routledge, 1994), 13.

[52] Lindahl, *Practicing the Art of Listening*, 5.

to reassure patients that you are interested in his or her stories; that you are devoting that moment to engage in conversation with the patients as they tell their stories. Most of them have never heard such terminologies, like verbal and non-verbal gestures.[53] Even though they listen to people daily, they could not identify the terminology prior to the teaching.

Volunteers have learned to be aware that some cultures do not practice eye contact, and to proceed with caution. They have learned to observe the patient's facial outlook and are able to discern patients' demeanor whenever patients are telling them stories about their emotional struggles or their condition in the hospital.

Patients' non-verbal gestures need to be observed through the attending skills they learned. When a patient is giving them a sign (waving of hand or head) that they do not understand, they need to alert the nurse in the unit. Also when patients are talking to them they will be using head nodding to affirm or to engage in the conversation.[54] They may also be using "Uh huh" sound to engage too.

As they listen to patients and hear words or phrases like "I feel terrible," "not too good," "I am grieving, in pain, stressed out, abused, I am afraid to die," and so on, they need to make a referral to a certified chaplain within the floor. If no chaplain is at the unit, after that visit you dial 1414 to leave a message for the chaplain in the hospital. Patients and family most of the times feel comfortable talking with volunteers. After this training volunteers will be obliged to make referrals to appropriate quarters especially when it pertains to patients' spiritual and emotional support.

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[53] Hill, *Helping Skills*, 102.

[54] Ibid., 103.

The drama, which is a Gestalt theory in action, allowed the audience to experience the whole thing by themselves and it created a very big social, emotional and spiritual impact on the volunteers. They were able to see through the Emmanuel illustration the difference between sympathy and empathy. The passers-by, some of whom showed sympathy but were not compelled by empathy to offer compassionate assistance to the stranger beaten by armed robbers. In our own time the "Inn" can be compared to our Mercy hospital, where the Samaritan (volunteer) was able to make referral to the nurses to treat the patient. Just mere commitment towards the stranger helped in speed recovery. Volunteers' visits matters a lot.

Some patients do not have anybody to visit them in the hospital. They feel edified when a chaplain follows up the visit. I also emphasized the need for referral. In the case of the volunteers, they have followed the teaching of Jesus Christ by visiting the sick. Jesus looks with pity on the poor and the sick. Jesus connects with many sick people in the Bible with, what in our own time we call "eye contact." Jesus after curing the 10 lepers was able to refer them to the priest (Lk 17:11-19). Jesus looking at people was moved with pity (Matt 9:36), and visits the sick like Peter's in-law (Matt 8:14) and so on (see Appendix B). We need to learn from our master Jesus when to make referrals. We do our own part and then hand over to the appropriate authority or professional that is trained for such to follow it up.

In conclusion, I was able to use the illustration from the Good Samaritan to teach the volunteers the listening skills I taught them and they were able to cherish their work more. They were able to see how sympathy and compassion were at work. They were able to observe that the Good Samaritan was very compassionate while the people that

passed by were very sympathetic. They were able to observe through the drama that the Good Samaritan was paying attention to the victim, very supportive and ready to revisit. The volunteers were able to identify with the Emmanuel approach (Jesus' compassion to the sick) through the drama by saying that "it is the will of Emmanuel that we do take care of patients who are strangers to us in the hospital, but through our service and visit, we bond together with the patients." This accomplished what Jesus said, that whatever we do to the least of my brothers and sisters that we do unto him (Matt 25:31-46). The areas volunteers continued to implement were:

- Entry Behavior: Introducing their name to each patient and what he or she does
- Asking patients the right Questions like: How is your spirit today? How do you feel? Attending skills they watch out for:
- Patients' verbal expression in response to their initial question: terrible, afraid to die, grieving, I need confession, I want to die, I am abused, homeless, harassed and so on.

The assignment for volunteers each week was for them to be able to engage with patients on their various floors and interact with them, instead of just standing at the corridor waiting for a call to be made. Within the first four weeks, they were asked how comfortable they were listening to patients and implementing the attending and listening skills.[55] Volunteers have become aware of the need for them to obtain the skills. Video clips for the first meeting and workshop were recorded in May 2011.

[55] Hill, *Helping Skills*, 102.

Evaluation Process:

The first volunteers I started with were the Spiritual care companions. The site team observed the workshop at Melville. It was recorded. There was a conflict of interest with the member of the site team who was an assistant coordinator of the site Team. It was brought to the meeting in June 2011. They felt that there would be a clash of leadership and authorization conflict. Site team advised me to stick to the second volunteers being coordinated by Kathleen Fee within the hospital. Meanwhile the Spiritual Care Companions cherished some of my ideas and are utilizing them in their volunteer activities. It became a paradigm shift for Kathleen Fee's volunteers because they were not used to such teaching as I discussed in the analysis of the challenge. The site team really helped me to narrow down this wide range of volunteer training to Mercy volunteers.

- Site Team members will be part of the evaluating process in terms of
    - Success
    - Acceptance
    - Excitement and Enthusiasm on the part of the volunteers
    - Implementation.
    - One of the site team will access the program we are embarking on.
    - I myself will be at the units to monitor and respond to volunteers call.
    - Emilce will be the chaplain on duty to monitor the activities with me or the days I do not work.

The Emmanuel compassionate approach that matches the current trend of listening skills will be beneficial to volunteers, patients and chaplains. Biblical illustrations were used to enhance the listening compassion of volunteers. (Lk10:30-37;

Matt 25: 31-46). Compassion leads to service and to cultivate compassion, Salzberg explains,

> We must acknowledge the true nature of suffering. Compassion allows us to bear witness to that suffering, whether it is in ourselves or others, without fear.[56]

Strategy 2

A site team suggestion to be implemented: Reading of passage from the scripture Good Samaritan that illustrates the Emmanuel compassionate approach on listening skills, like eye contact, verbal and non-verbal, nodding gestures and so on. Dr. Gunn's idea which he referred to as Gestalt method is very helpful.[57] The Gestalt approach is designed to help people experience the present moment more fully and gain awareness of what they are doing.[58]

- Role play by some of the volunteers will enable them to experience the depth of compassion which Jesus wants us to have as one listens to patients and those in need. Maria Johnson, Emeka Ude, Gladys, Prince and Amaka Nwosu will be facilitating a drama presentation for it at Mercy Auditorium by December 7th 2012.

Evaluation: A simple survey or questionnaire will be distributed as a qualitative analysis to volunteers in order to ascertain whether or not the scriptural illustration and role play enhanced their compassionate listening skills. For Corey, this approach is experiential, in

[56] Brussat, *Spiritual Rx,* 53.

[57] Dr. Robert Gunn, telephone interview, Nov. 12, 2012.

[58] Corey, *Student Manual for Theory and Practice,* 93.

that, volunteers will come to grips with what they are thinking, feeling, and doing as they interact.[59]

Approximately, a cumulative of 3-5 month and a yearly summative observation will be used to access whether or not listening skills learned really improved their referral skill, interaction with patients, staff and chaplains. The aim of the second goal was to develop and build up an effective volunteer team that will implement listening and referral skills learned from this program. This is sustained through the required readings from the scripture and a manual that will be replicated (see Appendix D).

Referral practice with listening skills through interaction and feedback will perfect the volunteers learned skill on a daily bases (November 2011 to December 2012). Collaboration with pastoral care chaplains will be very helpful. Chaplains are encouraged to utilize this opportunity to respond to volunteers' call for follow up. Emilce and Benedette will be monitoring the process at Mercy (from November 2011 to December 2012).

Attempts were made to involve volunteers of nearby churches like Our Lady of Lourdes, Our Lady of Loreto, Holy Redeemer, St Anthony's Long Beach and Our Lady of Peace that come to Mercy hospital with listening skills, so that their visit will be beneficial to patients and chaplains. It was successful through the help of their Eucharistic ministers that were attached to Mercy hospital. Maria Johnson, Ronald and Lemanya have been taking care of the implementation (from November 2011 to December 2012).

[59] Ibid.

A simple questionnaire will be distributed to the volunteers to check whether they thought the skills were useful to them. About 4 to 6months will help determine whether the program yielded results of cutting down hours of visit to patients who are very weak to talk for too long. Through their referral skill, it will give certified chaplains an opportunity to pay more attention to patients that need more attention. Secondly, feedback from volunteers and the monitoring team of certified chaplains will show whether the listening skills and referrals are working. Contributions from volunteers will help Mercy Hospital Center's vision and mission for the patients' excellent care to be met.

CHAPTER 5
BIBLICAL EXEGESIS

Exegesis is derived from the Greek word *exegeomai* which means "to lead out of" but when applied to text it denotes the "reading out" of the meaning.[60] In this case, we are searching for biblical answers and seeking to understand by engaging in exegesis. Exegesis involves communication and understanding.[61] God wants us to listen to Him and to understand His message to us. The Book of Proverbs encourages us to be attentive to God's wisdom and to incline our ears to understanding Him so that we may keep discretion and our lips may guard knowledge (Prov. 5:1-3). One can imagine how our biological parents will feel when the children do not pay attention to instructions and make mistakes that cost money or life.

The Bible is addressing the importance of listening. When patients are confronted by illness and uncertainties at the hospital bed, patients are helpless, they seek answers, and they question God. They want to communicate with God through their faith, or with volunteers and chaplains. Just like the man born blind shouting on top of his voice (Matt. 18:38-42). He needs attention. He wants to he heard. He wants healing. He wants his condition to be better. He needs a compassionate listener, Jesus, the Emmanuel, God with us (Isaiah 7:14). When Jesus invited him and listened to him he regained his dignity and

[60] John H. Hayes and Carl R. Holladay, *Exegesis: A Beginner's Handbook* (Atlanta: John Knox Press, 1987), 5.

[61] Ibid.

left the oblivion which the public wanted to push him into by silencing him. Everybody loves to be listened to.

It is this Jesus approach to the needy, the poor and the sick that gave birth to my project. This takes into consideration the questions concerning volunteers' place in the biblical service of Jesus Christ (Matt. 25: 36). Can we teach compassion? Nobody can teach compassion better than Jesus, that is why I have to model the volunteers' compassionate listening skills in accordance with Emmanuel who is the grand master of compassion. Jesus was always paying attention to the poor, the needy.[62] Volunteers are extending the hands of Jesus to the patients when they offer ice and water to the sick, dress their bed and change their stained clothing and beddings. This scriptural passage addresses it "whatever you do to the least of these that you do unto me (Matt. 25:40-45). I want volunteers to model their compassionate listening on that of Emmanuel, Jesus. Patients in the hospital love to be listened to. How do we feel when no one listens to us? How does a patient feel when doctors or nurses do not listen to their pain and anxiety? One feels abandoned as we can see in Mark 15:34; Matt. 27:46; Ps. 22). In the Bible a man born blind was shouting on top of his voice saying: "Jesus son of David have pity on me" (Matt 18:38). People wanted to silence him, but Jesus intervened. There was a sigh of relief for the blind man. Volunteers are at various units trying to fulfill the biblical injunction of comforting my people (Isaiah 40:1) and people feel heard and taken care of as we can see in the case of the good Samaritan (Luke 10: 25-37). Volunteers sacrifice their time to serve the sick. Rahner sees sacrifice as the expression of man's duty of total

[62] Raymond Edward Brown, Joseph A Fitzmyer, and Roland E Murphy, *Jerome Biblical Commentary*, vol. 2 (Englewood Cliffs, NJ: Prentice Hall, 1968), 43, 75.

dedication to the service of God and humanity.[63] Simeon of Cyrene helped Jesus to carry His cross.[64] In a similar way, volunteers are helping the patients to get genuine care through their helping hands and calls to the certified chaplains. As they stand at their duty post waiting for any signal for help they are like Simeon waiting to assist Jesus on the rough way to Calvary. Patients that approach their death at the oncology section value more the work of the volunteers because most of them have experienced the transition of the patients. Volunteers from that unit have a lot to share with me and to the new volunteers to be recruited. Pope Benedict VXI's interpretation of listening for the service of God is to a greater extent a matter of letting God in. In this case "it must be a part of life".[65]

[63] Karl Rahner, *Encyclopedia of Theology: The Concise Sacramentum Mundi* (New York: Seabury Press, 1991), 1488.

[64] Catholic Online, "Fifth Station: Simon of Cyrene helps Jesus to carry his cross," http://www.catholic.org/clife/lent/station.php?id=5 (accessed January 25, 2013).

[65] Cameron, *Benedictus*, 217.

CHAPTER 6
THEOLOGICAL RESEARCH AND ANALYSIS

Jesus came to serve and not to be served (Matt. 20: 28). Volunteers imitating Christ have freely and willingly dedicated their life to God through service. Service involves sacrifice of time, money and energy. But how can one serve unless one is sent? (Rom. 10:15). Service involves labor and the laborer deserves his or her wages in cash or in kind. Pope John Paul11 encyclical "Laborem Exergens," "On Human Work" promotes the value of our labor and sacrifice as essentially a gospel of work.[66] Volunteers and chaplains wait for their wages in kind from God. In relation to my project, most of the volunteers have finished serving their fatherland and are now giving back extra hours and time to serve God through humanity and through work we are called to imitate God. John Paul wrote that our work is a vocation and when we work we are partaking in and joining with God's ongoing creation of the world.[67] Nouwen warns about the danger of professionalization as opposed to hospitality and service to people of God. When it becomes ways of exercising power instead of healing and offering service, patients will suffer a lot.

"Doctors, priests, psychologists, psychiatrists, ministers, nurses, social workers are often looked up to by those in need as if they were endowed with a mysterious

[66] Peggy Noonan, *John Paul the Great, Remembering a Spiritual Father* (New York: Viking Penguin, 2009), 106.

[67] Ibid.

power."[68] In this case patients accept that these professionals can say things that cannot be understood, do things that cannot be questioned and often make decisions about their lives with no explanation.

The certified chaplains advocate for patients in this situation by alerting authorities about the patients' condition. Volunteers when they are trained will become a great asset to save lives and bring justice for the patients at various floors by collaborating with chaplains. This is the type of service that is pleasing to God, the Emmanuel compassionate service to the needy. Isaiah echoes the mission of Emmanuel thus: "the spirit of the Lord is upon me…. To bind up the broken hearted, to proclaim liberty to the captive…" (Isaiah 61: 1-4). Merely look at the mixture of awe and fear on the face of many patients in many waiting rooms and hospitals will show how fear adds up to their already painful sufferings.[69] Careers can be more patient when they are aware of themselves as patients.[70] Volunteers listen to the poor and the needy as part of their work of caring. Listening within the theological perspective involves "word", "*dabar*" in Hebrew. To speak a word entails revealing something of a person's identity, feeling and emotion. Word has authority behind it.[71] Therefore the verbal gestures from patients have to be taken seriously and be listened to. When patients express their feeling of pain in words, it matters a lot. And care givers have to respond with dignity and respect. Our presence to listen to patient's stories and emotional anxiety means a lot to patients'

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[68] Henri Nouwen, *Reaching Out: The Three Movements of the Spiritual Life* (New York: Doubleday, 1975), 91.

[69] Ibid.

[70] John Patton, *Pastoral Care*: *An Essential Guide* (Nashville, TN: Abingdon Press, 2005), 62.

[71] Fran Ferder, *Words Made Flesh Scripture, Psychology and Human Communication* (Notre Dame, IN: Ave Maria Press, 1990), 112.

recovery. If human words effected what was spoken, then Divine Word will be very powerful as it is revealed through the prophets and priests. Ferder opines that parabolic words give us a final look at the authentic word of Jesus Christ.

In the case of the Good Samaritan, Ferder pictures the Jews of Jesus' day that despised the Samaritans. When Jesus told a story combining "good" and "Samaritan" he is according to Ferder asking his hearers "to imagine the unimaginable- that Samaritans could possibly be good and capable of compassionate action."[72] Such straightforward style, the progressive story line, the detailed description of the Samaritan's kindness, all would have commanded the attention and evoked a response in any righteous Jew of the day.[73]

St. Paul on the other hand, sees his service to God as sacrifice in a figurative sense. In the New Testament the word "sacrifice" "*Thusia*" is also used in a figurative sense, to imply a call to his apostolic ministry which is "the sacrifice and service" of faith.[74] St. Paul's use of "*merimnao*" suggests that the care which Christians should give to one another should be a source of legitimate anxiety to help one another not the one that pursues earthly things, but the one that is anxious to help the other because we cannot do without each other.[75] We are one body in Christ and if one part of the body is

[72] Ibid.

[73] Ibid.

[74] John Steinmueller and Kathryn Sullivan, *Catholic Biblical Encyclopedia New Testament* (New York: J. F. Wagner, 1949), 564.

[75] Ferder, *Words Made Flesh*, 100.

hurt every other part suffers. We need to allow Christ to speak to the person in us. It is only Christ who has the words of life, yes, eternal life.[76]

[76] John Paul II, "Homily of His Holiness at the beginning of his Ministry as Supreme Shepherd of the Church," in *The Post-Synodal Apostolic Exhortations of John Paul II*, edited by J. Michael Miller (Huntington, IN: Our Sunday Visitor, 1998), 947.

CHAPTER 7
BIBLICAL AND THEOLOGICAL APPLICATION TO THE PROJECT

Part of the Emmanuel mission (God is with us) is to be a servant of all (Matt. 20: 28). It is a special call that volunteers have chosen to be servants by attending to patients' needs in the health care setting. The meaning of Emmanuel is "God with us" (Isaiah 7:14). Following the footsteps of Jesus Christ who is our compassionate God, volunteers have chosen to be with patients, just as Jesus is with us. Volunteers serve the sick and the dying in fulfillment of the Emmanuel injunction, "for I was sick you visited me" (Matt. 25:31-46).

In this 21st century, there are certain requirements that we need to know so as to fit into the system and promote the patients' excellence care. Volunteers already have compassion by intent and so this project will present to them the master of compassion which is Jesus Christ to be their model, to energize them, to empower them throughout their visit and interaction with the patient. If one has Jesus the Emmanuel as a model to imitate, one will be contemplative and reflective of His lifestyle.

As we listen to Jesus speak to us in the scripture and through the patients, we need to listen with our heart and mind and use our senses and inner feelings to empathize with the patient. This kind of empathy transcends mere sympathy and compels us to respond to the patients need. We have sacrificed our time and energy to serve patients with dignity; we see and feel the presence of Christ in each of them. Helen M. Luke opines that:

> the feeling of wishing to save the world comes very often out of a wish to escape from having compassion on your own darkness, for what is inside yourself. If you don't start there, you will never have true compassion.[77]

Volunteers are convinced from within that they are compelled to respond because of their strong conviction from within themselves that is yearning with empathy to reach out to serve. Rath asserts that one can sense the emotions of those around you:

> You can feel what they are feeling as though their feelings are your own. Intimately you are able to see the world through their eyes and share their perspective…this instinctive ability to understand is powerful.[78]

This is empathy at its best. Volunteers help to give voice to the emotional feeling of patients. When volunteers ask the skillful questions of "how do you feel?" or "how is your spirit today?" they are helping patients to find the right phrases to express their feelings to themselves as well as to others.[79]

Volunteers freely and willingly chose to respond to God's call to serve, because of what God has done in their life. Some of the volunteers told me stories about how they were patients and how volunteers helped him or her and they promised to be volunteers after the mind of Christ who encouraged us to visit the sick. Such stories motivate and compel me to implement it in my project. Some volunteers through their contemplative life of listening to the word of God have decided to give back to God through serving humanity

Emmanuel Style (God with us) is based on the illustration from the Good Samaritan story (Luke 10:25-37). It rekindles the empathetic feeling of volunteers and compels them to be more devoted to their patients' visitation. Some of the volunteers told

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[77] Brussat, *Spiritual Rx,* 52.

[78] Tom Rath, *Strengths Finder2.0* (New York: Gallop Press, 2007), 97.

[79] Ibid.

me that after the workshop drama on the Good Samaritan that they were able to connect with the Samaritan that offered voluntary service to the stranger. They were empowered to continue their compassionate work of serving the patients. Using the story of the Good Samaritan in the bible, volunteers can connect and integrate it with what are doing in the hospital on daily basis. Volunteers' joy of serving the Lord through spending time with patients is equivalent to what the Good Samaritan did in the scripture. The way "Good Samaritan" engaged in conversation with the wounded stranger called to mind the paradigm shift in this volunteers' apostolate. The Good Samaritan was able to listen to the pain and groaning of the victim, he felt pity for him and was moved with compassion and not mere sympathy to assist him further.

> When Volunteers lend a hand, their labor speeds the work along and allows local groups to accomplish important tasks that might have taken twice as long to complete without the volunteers."[80]

This is exactly the experience volunteers have with the Mercy hospital patients. They want to make a difference.[81] Volunteers want to render services to patients to the best of their ability. Volunteers want to hear the biblical appraisal: Well done good and faithful servant, because you are faithful over little things you will be entrusted with bigger things (Matt.: 25:23). Volunteers are doing the work of caring at all time: "They care about your cause or the people you serve. They want to make a difference."[82]

There are three outstanding points that fits into the mission of the Volunteers: the empathy the Good Samaritan had; secondly the willingness to bandage the wound; and

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[80] Collins and Heckscher, *How to Live Your Dream*, 7.

[81] Rusin, *Volunteers Wanted*, 37.

[82] Ibid.

the eagerness to keep visiting the stranger until he became well. This is what compassion stands for. According to Henri Nouwen,

> Compassion is not covered by the word "pity" or by the word "sympathy." Pity has the connotation of too much distance. Sympathy gives the impression of an exclusive nearness.[83]

One has to match up compassion with good deed. (James 2:14-26). There are many events in the Bible that Jesus utilized as a teaching moment both for the patient, the aging, and also for the volunteers. John was revealed the way his life will be gradually ending: "When you grow old you will stretch out your hands and someone else will put a belt around you and take you where you would rather not go" (John 21:18).

In this case, when aging parents are in the nursing home or in the hospital, they are being taken care of by nurses, doctors, therapists, chaplains and also volunteers. Nurses are encouraged too to listen to their patients.[84] One may not like to wear a hospital gown, or go for chemo, or walk around in pain after surgery, but still one has to comply in order to heal. Volunteers and nurses take care of the patient and most often the patient surrenders his or her freedom to the discretion of volunteers, doctors and nurses.

The Good Samaritan is seen as a symbol of an outsider that goes the extra mile to lend a helping hand.[85] In the same way, volunteers are not paid and are not in any way related to the patients but they have accepted to serve patients with dignity, make their beds, and change their bed sheet, wheel them around to balconies, chapels and leaving

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[83] Nouwen, *With Open Hands*, 104.

[84] Nursing Time.net, "Ombudsman calls for health staff to listen more to patients," http://www.nursingtimes.net/nursing-practice/clinical-zones/public-health/ombudsman-calls-for-health-staff-to-listen-more-to-patients/5051640.article (accessed January 14, 2013).

[85] Daily Exegesis, "The Good Samaritan: Bible commentary on Daily Readings," http://dailyexegesis.blogspot.com/2009/05/good-samaritan.html (accessed January 21st 2013).

rooms for a change. By so doing they are fulfilling the ministry of compassion as Jesus the Emmanuel enjoins us to do. Our compassion to patients is the healing balm itself[86]

[86] Ibid.

CHAPTER 8
COMPARABLE MINISTRIES

To better understand the role of different hierarchies of the volunteer personnel and certified chaplain, a distinction needs to be made between certified chaplains' and volunteers' ministry: A certified chaplain, according to Dr. Mary T. O'Neill, is a lay man or woman, clergy, nuns and rabbi, among others, who answer God's call to minister to the sick patients in a professional and special way. They go through four or five units of Clinical Pastoral Education (CPE), with residency experience, and eventually go through the National Association of Catholic Chaplains (NACC) certification board. After passing the board, these individuals are then called certified chaplains.[87] Certified chaplain spend hours comforting patients, victims, families and staff in the hospital and nursing homes. They pray with families and comfort them with their special skills during tough decision-making, like when patients are confronted with the end of life issue.[88] They are no strangers dealing with the highs and lows of human emotions at the most raw stage;[89] quite unlike volunteers, who do not go through various units of professional education to become volunteers. Some volunteers are retired nurses, engineers, lawyers, teachers, nuns and deacons. Volunteers just sign up freely and willing to serve anywhere they are assigned to. Rusin mapped out salient point about why volunteers wish to serve.

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[87] Mary T. O'Neill, interview, Melville, NY, May 23, 2011.

[88] Ibid.

[89] Kate Stone Lombardi, "Chaplains as Comforters and Counselors," NY Times.com: http://www.nytimes.com/2003/07/20/nyregion/chaplains-as-comforters-and-counselors.html? (accessed December 17, 2011).

- They care about people's problem and wish to serve.
- They want to make a difference
- It is a skill they do well or are interested in[90]
- They have friends who Volunteer with the program
- They are seeking more fulfillment & challenge than their job offers [91]
- They want to meet people and make friends. (In our society many people are lonely or seeking social contact).

For some volunteers whose parents used to be scout troop leaders want their children to be in scout as volunteers and these are classical examples of this motivation.[92] Rusin further asserts that for others they volunteer primarily because it can advance them socially or on the job. Volunteering with a community is an effective way of being recognized and then invited to join a selective club or service organization.

On the other hand, a certified chaplain often sits in the institution's ethics committee and in many instances serve as chair. Most often certified chaplains are invited to share leadership experience in other committees that affect end of life decision-making in the hospital.[93] But volunteers are not professionally qualified to attend such meetings. This is the basic reason why volunteers have to work collaboratively with certified chaplains by making referrals to them. Every patient wants someone to listen to them and this is where chaplains and volunteers share the same goal in common by listening with compassion.

According to Ryan:

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[90] Rusin, *Volunteers Wanted,* 38.

[91] Ibid, 39.

[92] Ibid 40.

[93] Stephen Ryan, "Chaplains Are More Than What Chaplains Do," http://www.nacc.org/vision/articles/chaplains-are-more.asp (accessed February 11, 2012).

> Chaplains are persons who seek to empower persons to be fully human (that is to be whole persons).Chaplains minister within the spirituality of the person they serve. Every person lives spirituality. But not every person is religious.[94]

Chaplains by all indication are individuals that respond to the vocation to serve God through the patients and who have been professionally trained and certified to minister to peoples' spiritual needs within the context of empowering people to be fully human. [95] To be fully human, one must function as well as possible: cognitively, physiologically, psychologically, emotionally, societally, and spiritually in an integrated manner.[96]

The role of chaplains is to offer help to individuals regardless of their life circumstances. This is also where volunteers and chaplains share experience and service together. Ryan's article further unravels in a unique way how chaplains as members of whole person interdisciplinary care teams minister in a unique manner to a person's spiritual needs.

Both volunteers and certified chaplains share divine spirituality in worship and adoration. But it is essential to mention that certain individual chaplains are motivated by his/her personal spirituality, so too are the volunteers. This implies that chaplains are following the injunctions of Jesus to take care of the sick (Matt. 25: 31-45) and also comforting the people of God (Isaiah 40:1). The same thing is applicable to volunteers. Some Chaplains are Catholics, Pentecostals, Lutherans, Presbyterians, and Baptists. That is why we need professional training to know how to handle different patients from other

[94] Ryan, "Chaplains Are More Than What Chaplains Do."

[95] Ibid.

[96] Ibid.

denominations respectively. Wherever chaplains serve, they follow a care plan similar to the care plan of nurses.[97]

The professional chaplain listens carefully as patients and staffs relate their life stories. This enables chaplains to assist them, articulate and assess their spirituality.[98] But the volunteers do not access such spirituality for now. Maybe in the future the volunteers will advance to such heights. It takes time to build bridges. Building upon the power of this spirituality together chaplain and patients create a spiritual care plan to empower the patient or staff to cope with whatever is happening in his or her life. A volunteer at this level has to make referrals to certified chaplains.

NACC explains that chaplains coordinate this spirituality care plan with the care plans of the other members of the interdisciplinary team to ensure that unified rather than fragmented care is provided. The chaplains also assist families, friends, faith and spiritual community members to actively participate in the co-journeying.

NACC has established that chaplains should document their ministry in pertinent professional records. Periodically, they evaluate the pastoral care plan's implementation. When necessary, they make adjustments in their assessment of spiritual needs and the care plan to provide for them. This is also different from what the present volunteers are used to. Volunteers within this health care system are like companions that alert the certified chaplains where patients that need these services are located at various units. Chaplaincy, therefore according to NACC encompasses a full range of spiritual services, including a listening presence, help in dealing with powerlessness, pain and alienation.[99]

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[97] Ryan, "Chaplains Are More Than What Chaplains Do."

[98] Ibid.

[99] Ibid.

Chaplains assist people to change what can be changed and to cope positively and peacefully with that which cannot be altered. At the core of our humanity, we are meaning makers.[100] Consequently, every person lives spirituality.

Volunteers who have no specialized training or background contribute primarily through their labor.[101] Often their work entails joining an ongoing project such as a community effort to build a school or just for a purpose of belonging to a group and to be hopeful. In order words, everyone has a sense of union with that which transcends us.[102]

It is these characteristics and objectives above that differentiate chaplains from volunteers and other interdisciplinary team. It is an ability learned through professional education and certified by a recognized certifying organization, such as the National Association of Catholic Chaplains or the Association of Professional Chaplains. The significance of chaplaincy to whole person care can be exemplified by looking at its role in managed health care--the very place where many administrators fail to understand its necessity. Whole person wellness is possible only if humans' total needs, including spiritual, are met. This is possible only if managed care organizations provide professionally trained spirituality co-journeyers to assess and minister to clients' spiritual needs even as they do for their physical and emotional needs.[103]

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[100] Ibid.

[101] Collins and Heckscher, *How to Live Your Dream,* 7.

[102] Ibid.

[103] Ibid.

Numerous studies have shown that three-fourths of all illnesses are rooted in emotional, psychological, and spiritual causes. Certified chaplains are always at the service of the people during trauma too. "They see human emotions at their most raw."[104] The presence of the chaplains during a crisis is quite commendable; doctors and nurses express a sigh of relief seeing a certified chaplain around them. They know that families do listen to them and they have the skill to facilitate at these crisis moments.

> Crisis intervention beeps the Chaplain to many hours in emergency rooms, critical Care Units and bedside of dying patients…..This skilled listening and responding to heart and souls reaches many entry points in the current health care setting.[105]

During crisis at various floors volunteers alert the certified chaplain by calling 1414 extension especially when they notice that a patient has extreme need which they cannot resolve with the patient. Volunteers help at mass also to distribute Holy Communion to patients. The interesting thing about these volunteers is that most of them used to work here as nurses or as regular staff, while others have worked in their local parishes and communities as teachers and so on. Some of the volunteers are retired teachers, nurses, business men and women, veterans, widows, widowers; some are bereaved, some have family tragedies, like the 9/11 victims. They yearn and crave to give back to God through volunteer services in the hospitals and nursing homes.[106] I applaud them. Since they have access to patients, they need to focus on listening skills that will enable them to be effective to patients and to chaplains.

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[104] Lombardi, "Chaplains as Comforters and Counselors."

[105] Ibid.

[106] Ibid.

Volunteers quite unlike chaplains transfer patients from the emergency to their units or floors. AS they transfer patients from one floor to the other, patients may share valuable concerns or information that needs a follow-up by a chaplain and it will be addressed properly. Such missed opportunities by the chaplains will be covered by the volunteers who will eventually make a referral. This proves that there is need for listening skills to be learned by all, especially health care providers. Mercy hospital is a Catholic hospital and in high demand of pastoral care services with only few certified chaplains to run it. Hospitals that have greater percentage of practicing religious patients noticed a rapid demand from patients that request pastoral care services because of religious affiliation.[107]

Another difference between chaplains and volunteers is that certified chaplains are paid but some volunteers are not paid. There are things that they share in common like listening, prayers, compassion, faith and belief, patience and patients. When volunteers know more about patients, it helps generate compassion and patience.[108] Patience and "patient" are terminologies that stem from Latin word, meaning to "suffer" or to endure which is the product of the term "compassion.[109] According John Patton compassion is the virtue by which we have sympathetic consciousness of sharing the distress or suffering of another person."[110]

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[107] Barry A. Kosmin, Egon Mayer, and Ariela Keysar, *American Religious Identification Survey, 2001* (New York: Graduate Center of the City University of New York, 2001), http://www.gc.cuny.edu/faculty/research_briefs/aris/key_findings.htm (accessed January 14, 2013).

[108] John Patton, *Pastoral Care*: *An Essential Guide*, 62.

[109] *Origins: A Short Etymological Dictionary of Modern English,* s.v. "compassion."

[110] Patton, *Pastoral Care*, 62.

When volunteers and chaplains approach the patients with compassion and listen to their stories, they appreciate the visit and it makes every patient's day feel good. Compassion has within it a large portion of self-awareness, awareness of one's own feelings as well as the feelings of another."[111] Volunteers and certified chaplains hear from patients how the sickness affects or control their freedom. There is a loss of status and a kind of depersonalization

> A person whose life was formerly characterized by self-sufficiency can be quickly transformed into one defined by symptoms of the illness, discomfort and incapacity.[112]

These are that needs volunteers and chaplains to listen to. Collaboratively patients benefit from both the volunteer's and chaplain's visit. Patients feel anxious when they do not know what is going on in their body. Such anxiety is intensified as they wait for test results. Corey confirms that we experience this anxiety as we become increasingly aware of our freedom and the consequences of accepting or rejecting that freedom. In this situation, if a volunteer notice this condition in a patient as he or she listens, he or she makes a referral to the certified chaplain who will in turn further explore the patient's state of mind and make right decisions. In fact, when we make a decision that involves reconstruction of our life, the accompanying anxiety according to Corey can be a signal that we are "ready for personal change. If we learn to listen to the subtle messages of anxiety; we can dare to take the steps necessary to change the direction of our lives."[113]

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[111] Patton, *Pastoral Care*, 62.

[112] Ibid.

[113] Marianne Schneider Corey and Gerald Corey, *Groups: Process and Practice* (Belmont, CA: Thomson, 2006), 143.

Volunteers and certified chaplains' presence matters a lot to the patient and all the skills that the volunteers may have developed as a listener can be useful to patients. Perhaps most importantly care givers are very responsive to the patient's present feelings and state of mind rather than trying to make him or her some other way.[114]

Some volunteers also battle with their own anxiety; the same thing is applicable to certified chaplains. When a volunteer is battling with uncertainties in his or her life, it impairs compassionate listening skill for some people. For some it awakens in them the zeal to pay attention to other details and care more for people. Some present their self-disclosure so that they do not allow the patient the opportunity to express theirs. It becomes a satisfactory visit for you but not for the patient as such. Only God has such supernatural certainty to life and events. When one is disturbed with a crisis of uncertainty in his or her family there is an elevated sense of anxiety hovering around the hollow of the family's homeostasis. Consequently, this book will be beneficial for those volunteers struggling with uncertainties in their family life or health, thus McCarthy confirms that "others are overtly fearful and quite conscious of their uncertainty, which like the chess pieces, falls in the valley of the shadow of death."[115]

It is this type of situation that the volunteers deal with on a daily basis. How can they function well if they are not properly guided or trained with basic listening skills? How can the certified chaplains operate without informants at various floors? This confirms the significant role of volunteers to patients and to certified chaplains for excellent care.

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[114] Corey, *Groups: Process and Practice*, 65.

[115] B. J. McCarthy, *Death Anxiety*: *The Loss of the Self* (New York: Gardner Press, 1980), 7.

CHAPTER 9
MINISTERIAL COMPETENCIES

The Competencies selected to work on were very exciting to me. As a Roman Catholic priest searching for an ecumenical understanding of various denominations and how to relate with their members during hospitalization, it became an inspiring venture. The volunteers noticed that I was able to say “praise the Lord” at the beginning of my ecumenical service to patients before reading the bible to them. Nevertheless, there were three areas to be improved upon as part and parcel of this demonstration project.

Competency Goals

As an Ecumenist:

Goal 1: To relate well with Christians from other denominations so as to understand and accommodate their pastors as partners in the Lord’s vineyard.

Strategies:

- To attend a Doctoral program outside my Catholic institution.
- To visit interfaith churches and events so as to interact with them and learn their own beliefs and culture.
- To share the word of God with them by listening to cohorts preach.
- To tune into TV channels to listen to other pastors like, Joel Osteen, Pastor Chris and Joyce Meyer preach.
- To conduct ecumenical prayer in the hospital where I work as chaplain.

As a Spiritual Leader:

Goal 1: To strive to be compassionate as my Heavenly Father is. (Lk 6:36.)

Strategies

- To engage in Spiritual Direction courses
- To read and apply all I have learned in Spirit-Linking leadership class[116]
- To attend personal and group retreats organized by the diocese.
- To reach out to Charity Organizations around me and beyond to show compassion by helping the needy (James 2:14-24).[117]

Goal 2: To Understand the culture of the people around me. To be aware of their way of life.

Strategy: To attend inculturation seminars within our county

- To approach staff and patients with respect to their culture
- To try to be nonjudgmental to staff and patient
- To use inclusive language during sermon.

Goal 3: To continue to improve on my theological understanding of my Roman Catholic Faith.

Strategies: Reading of the theological books of our renowned authors

- To be up to date with the Pope's encyclical writings.
- The above selected topics meant a lot to me. It will be deliberated by my site team on how I have improved on my mapped out goals.

[116] Donna J. Markham, *Spiritlinking Leadership: Working through Resistance to Organizational Change* (New York: Paulist Press, 1999).

[117] www.biblegateway.com/passage/?search=James+2%3A14-17 (accessed December 2, 2012).

THE EVALUATION OF THE MINISTERIAL COMPETENCY

It has not been an easy road for me and my site team. The entire routine within this project has been learning and transformative experience for me and my site team. Some of them have never been in a site team just like me. Two of my site team members had knee replacement and volunteers were very helpful to them. Most of the time, they were with volunteers at the physical therapy sessions, it was a learning and teaching process for us. My secretary left for studies and one of the site team left because of health issues. All of them gave their input to my competency before leaving. The selected competency goals and strategy were deliberated upon and also evaluated during our site team meetings respectively.

Goal 1:

My ecumenical awareness was an incessant one that started with bias about the authenticity of other denomination in relation to my own Catholic denomination. But a closer look at the way other denominations worship and adore the lord revealed a lot to me. I began to appreciate their gift and culture of worship to the extent that I registered to study at NYTS. This reminded me of what Jesus said during His preaching, “He who is not against me is for me” (Lk 11:23). In the same way, I have learned to accept other denominations as having the same spiritual journey with me without discrimination. I was able to ask a woman pastor within the volunteer group to lead in the service, and to read the Gospel and preach for the day. She was surprised to see me do that. That was a step towards embracing another religion in an ecumenical setting. There were things that my denomination would not allow to be done and what I would be allowed to do within

my denomination, but the one within my reach, I was able to utilize it so as to improve my ecumenical spirit.

From the beginning to the end of Vatican II, the sensitivity to ecumenical dialogue was taken into account as the council fathers enacted reform.[118] This reform opened the window of opportunity for Roman Catholics to reach out to other denominations. Harris in her book "Fashion Me a People"[119] expressed the essence of sharing one's power to do and to act as well as the power to receive and to wait. As a spiritual leader, I was able to integrate this idea by involving other denominations, allowing them to participate during readings.

For Harris, the pastoral office would no longer be the ultimate or the only locus of power but Jesus and the His people. This implies that by reason of baptism and confirmation all have been given the power that resides in the grace of the Christ: to heal, to bless, to remember; the power to do justice and love mercy and walk humbly with God. I have to convince my people that in all of us resides the power of vocation, of mission, and of ministry.[120] Volunteers were able to interact with patients from other faith traditions.

Bausch expressed the need for conversation and dialogue that parishes should have in order to promote conversation and dialogue at every level.[121] I learned from Markham that in spirit linking leadership one had to venture into the untried and the

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[118] Bill Huebsch, *Vatican II in Plain English: The Decrees and Declarations* (Notre Dame, IN: Ave Maria Press, 1997), 41.

[119] Maria Harris, *Fashion Me a People* (Louisville, KY: Westminster John Knox Press, 1989), 35.

[120] Ibid.

[121] William J. Bausch, *Parish of the Next Millennium* (Mystic, CT: Twenty-third Publishers 1997), 189.

previously unknown which threatens the comfort of having things under control. This helped me to lead the volunteers along the road where they had never been, because they have never been trained to listen to people of other denomination or even their own denomination.

Markham helped me to believe that transformative change continues as long as *Spiritlinking* leaders promote truth responsively to their mission. I was able to accept a critical evaluation from Mercy Medical Pastoral Administrator so as to ascertain how closely and effectively I had improved on working with many denominations, including staff, patients and other chaplains in the work place. The administrator was very helpful to me. I was willing to share personal testimony of my life with others that need the healing touch of Jesus Christ quite unlike before. Bausch helped me to understand that the parish of the next millennium had to be collaborative.[122] There is need to make communion in mission to be effective. The Second Vatican Council for a theological and liturgical renewal emphasizes the church as communion rather than as institution.[123]

Goal 2

Being a spiritual leader was a little bit challenging for me because of the rough schedule in our ministration and studies. However, I strived to read biblical reflections from renowned authors like St. Thomas Aquinas, St. Augustine, Fulton J. Sheen, Walter Kasper and *Benedictus* of Benedict XVI. It was very helpful. Most of the time, I would be on call by the time I came back, I would be battling between cooking my own meal and reading a few chapters.

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[122] Bausch, *Parish of the Next Millennium*, 276.

[123] Susan K. Wood, ed., *Ordering the Baptismal Priesthood, Theologies of Lay and Ordained Ministry* (Collegeville, MN: Liturgical Press, 2003), vii.

What was very helpful in my Spiritual leadership was the audio CD of many people like Fulton Sheen that I listened to while driving back and forth. Other ways I managed to make up for the days and week was to watch Christian channels like the EWTN, Joel Osteen, Joyce Meyer and TeleCare channel while eating. I was able to communicate with volunteers and site team through the phone.

These spiritual efforts on my own part helped me to fortify the volunteers and they were able to read the scriptural passages that enabled them to learn more about Jesus' illustrations on compassionate listening. After going through the scripture, most of the volunteers told me that they were able assimilate what they have learned and integrated them in their pattern of ministration to the sick. Volunteers move around in "Persona Christi," "in the Person of Christ."[124] Seeing Jesus in every patient modeled the volunteer's perception and approach to treat every patient with dignity and respect. They were able to pay attention to the patient without interrupting him or her. The passage that contemplatively drew their attention was "I was sick and you visited me" (Matt. 24: 31-46).

My joy will be complete when spiritual competency becomes a transformative role in my priestly life. Most of the site team members were my parishioners and they observed it. One volunteer opined that through Anthony's enthusiasm and spiritual leadership that she had better understanding of the faith.

Ministerial competencies that I worked on were confirmed by Dr. Mary T. O'Neill when she commented thus:

[124] Benedict XVI, "*In Persona Christi,"* Holy Chrism Mass, http://www.ewtn.com/library/papaldoc/b16chrsmass07.htm (accessed January 23rd, 2013).

> Anthony's eagerness to learn from ministerial process helped Fr. Anthony to improve on his personal learning goals by growing in interpersonal awareness as a minister and as a professional chaplain. Anthony was able to identify what was going on within him. Anthony was able to develop confidence in his own competency. Consequently, the volunteers were able to express the same opinion about their own ministerial experience throughout my workshop and practice with them.

However, this study showed that the volunteers were able to be inspired and motivated to learn more about listening skills and were able to experience the compassion of Jesus Christ through the scriptural readings and the dramatic illustration from the scriptural readings. I learned that I could trust the capability of the volunteers to work collaboratively with patients and make genuine referrals to certified chaplains. Though it would be an ongoing process but volunteers' enthusiasm and response from the volunteer's administrator reassured me of its continuity. The site team was also supportive.

Goal 3:

Cultural: Cultural challenges were quite interesting. Despite the fact that most people think that we know what culture is, it is still a difficult concept to define.[125] For culture is the way of the life of the people and not limited to their music or ritual but embraces every aspect of their life. I came from a culture that encouraged people not to cry when someone dies. Struggling with this cultural shedding of tears by a man was quite challenging to me. In my own country Nigeria, a man going through grief and loss was not encouraged to cry. Crying was perceived as a sign of weakness but here "real men cry." When volunteers confronted me with my cultural bias, I was able to share this

[125] David Matsumoto, *Cultural Influences on Research Methods and Statistics* (Pacific Grove, CA: Brooks/Cole, 1994,) 3.

moment of truth about my culture with them, but quite unlike my culture, I shed tears with grieving families.

At difficult moments, I deeply pay attention to the pain and grief of strangers as if I were the actual "chief mourner." It happened on one occasion that a family was grieving and needed to be consoled, I went because I was on duty. I really embarrassed myself by crying with them. I felt badly, initially because, I was supposed to be a supporting presence to them only to find myself being supported by the grieving family. I asked my mentor later and she said that it was good that I shed tears with them since it came naturally. In the same way, I encouraged the volunteers not to shy away as they listen to patients' emotion. If tears drop that it was part of the support.

My consolation also came from the Bible where "Jesus wept" for his friend Lazarus who died (Jn 11: 35). Smith pointed out that our life and compassion fatigue affect our friends and relations.[126] We need to handle ourselves with care so as not to break down. People look upon us to for strength and support. St. Paul in one of his letters buttresses this point when he asserts that our lifestyle affects our community and society.

Granted that caregiving is applaudable, people still do not know how to handle their own feelings. Smith is inviting us to acknowledge our own feelings for some people make sweeping attempts to avoid emotional earthquake.[127] Smith awaked my consciousness by pinpointing the causes of fatigue such as unresolved past trauma and pain, overbearing of others' burden and lack of professional coping skill.[128] Many

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[126] Patricia Smith, *To Weep For A Stranger: Compassion Fatigue in Caregiving* (Charleston, SC: Createspace, 2009), 23.

[127] Smith, *To Weep for a Stranger*, 53.

[128] Ibid., 83.

patients feel the same way as they tell their stories during admission. Also volunteers suffer from triggered emotion during their service of listening with compassion to patients. In one way or the other one experiences such situations which makes us human and compels us to respond with compassion. It is an inner feeling of empathy that compels one to respond to care.

Smith did not leave me with my crisis; she provided for me the essential plans to consider when I am resolved to take care of myself.[129] I learned from Smith's book about the causes, effect and the steps to take in order to deal with compassion burnout and fatigue.[130] Volunteers benefitted from Smith and the exit strategy that I taught them. One of the volunteers commended me for that. She ran into such a situation that needed exit strategy skill and she applied it. It is very stressful to enter into the trap you are trying to help others come out from. We need an exit strategy so as not to breakdown and make the workplace suffer. Volunteers also need Sabbath or desert experience; time out so as to avoid. Heschel's idea of the Sabbath prepares our mind to embrace the holy day of rest as a gift that is given to us as a gift to be cherished, observed and to be glorified in. The Sabbath for Heschel is the inspirer, while the other days of the week are the inspired. Heschel further to assert that, Sabbath maintains all souls as the world of spirit in the form of time.[131] Consequently, the book of Ecclesiastes 3:1-10 confirms that there is time for everything on earth. Volunteers need to accept this and also encourage patients to see their condition as the period of rest and reflection. Division of labor makes the work of

[129] Smith, *To Weep for a Stranger*, 88-89.

[130] Ibid., 96.

[131] A. J. Heschel, *The Sabbath* (New York: Farrar, Strauss and Giroux, 2005), 19.

the certified chaplains easier; they need the helping hand of the volunteers as they make referrals to them.

Goal 4. As a Theologian:

Being a Roman Catholic priest for 20 years requires ongoing reading and education to be current with the theological trends of our time. I was able to update my theological knowledge through the encyclical writings of the Pope and the newsletters from the diocese and from the messages from my bishop. From a theological point of view, a moral ministry must be closely related to experiences of God and convictions about God.[132] Gula is right when he asserts that God is the ultimate center of value, the fixed point of reference for the morally right and wrong. My understanding and bond with Emmanuel (God with us) stemmed from the love I had for my parents especially my mother. I based my theological argument from the ontological foundation of viewing God as a "compassionate mother." Growing up as a little boy who was very much attached to the mother, I still held unto that spiritual umbilical cord that linked me to her passionate self. Her heart was very peaceful and comforting.

In the book of Isaiah God was referred to as a nursing mother inviting us to come to suck and be satisfied with her consoling breasts; "that I may drink deeply with delight from the abundance of her glory" (Isaiah 66:11). This passage was very comforting for a patient who was going through end of life situation. She saw God as a comforting mother waiting to take her home where there will be no more sickness and pain. It was also very comforting for me, for my maternal hands fed me as God feeds his children the Israelites. God says in the bible that His name is "I am who l am," this establishes the fact that he

[132] Richard M Gula, *Ethics in Pastoral Ministry* (New York: Paulist Press, 1996), 9.

can never change (Exodus 3: 13). I believe and I am convinced that God can never deceive me; He is there for me. “I will be with you till the end of time” (Matt. 28:20).

Visualizing God with the eyes of a compassionate mother helps me to understand that he listens to my cry. He is worried when I derail. He cradles me, carries me on eagle’s wing (Isaiah 40:28-31; Ex 19:4). I cannot work alone in the path of fear without the protection of a trusting and loving God.

Linking my theological argument to the pastoral project of “listening with compassion” a dying patient told a volunteer that “I believe that “God who created the ears hear; God that created the eyes sees” (Ps. 94:9). Another volunteer sharing her moments with the sick said that “When God speaks through Psalm 139; I know that he knitted me in my mother’s womb. I cannot hide from him.” Another patient sharing her faith said to the volunteer, “The way my mother takes care of me is the way I feel about God.” A volunteer that took care of a child in the hospital told me a similar story that a man from a shelter who had no parents took the volunteer as his own mother. His mother died giving birth to him. The father was a drug addict. The homeless man said “As a child in faith, God patiently teaches me the commandments but your care brought me closer to the distant God I have never seen.” It was very touching and emotional as we shared it among the volunteers. The site team was also moved by the story of faith. This becomes the real practical theology of faith for me.

Through the incarnate Word episode, God invites me to share in his divinity. Jesus is like me in all things but sin. When Jesus says, “I know my sheep and my sheep knows me” (Jn 10:14), it reassures me of his maternal and paternal capacity to behold me as his own. Volunteers know the patients in their floors because they meet them daily

until they are discharged. Volunteers hear the groaning of pains and know the room that it comes from and they make referral to certified chaplains. The image Jesus portrayed about knowing the voice of his sheep reminds me of the voice of my sweet mother searching for me in the midst of the crowd. She recognizes my voice in spite of other children that are talking. God knows my name he calls me by my name. In the same way the volunteers and certified chaplains knows the patients by name. I know that God has all the omnipotent power and attributes that human share with the Divine, still I do not want to end up with pantheistic view of everything is God and God is in everything. However we have an awesome God that loves and hears our cry.

A volunteer shared another faith belief story of her encounter with a patient that was dying. She said. “I feel that my image of God as a mother resonates with my trust and confidence which exists between me and volunteer during my transition that was very scary, but the volunteer’s goodness and ideal qualities spurred me on.” We never know how patients see us as care givers till they open up to us. What if we do not have volunteers at various units helping the certified chaplains? If the volunteer has such qualities then the Lord that I serve says the patient “surpasses all human characteristics.”

I cannot fathom the Divine nature in depth. I can only imagine the Divine Nature of the Divine through the incarnational spirituality and nature of a compassionate Jesus Christ.

CHAPTER 10
TRANSFORMATION: OPPORTUNITY FOR IMPROVEMENT

In this project, I did not include the volunteers of other denominations like the Muslims, Jews, Hindus and Buddhists— not out of prejudice but because of my status as a priest. Several attempts made were dismissed with excuses. Maybe next time I will do more to relate with them more effectively. I presumed that because we had met once or twice during Christmas ecumenical worship that they would have welcomed the project without resistance or flimsy excuses.

As I glance through the population of Long Island and the religious demographics, I felt the pressing need to train more volunteers to collaborate with certified chaplains. Experience has taught me that when the volunteers are involved with what we know and do, they will know more about the functions of the chaplains and why they will be making the referrals in the first place. Almost all the 20 volunteers that I interviewed during recruitment indicated the pressing need for volunteers to be educated with the listening and referral skills. They check marked “strongly agree” to this urgent need (see Appendix D).

The volunteers that stayed till the end were the retired ladies and men. The students were not steady within the training of volunteers; I missed some of them within the month as some returned to school or attended summer classes or vacation. The best way to reach out to them would have been through the churches instead of waiting for

them to come to the hospital. The “would be” volunteers in the hospital will be better of trained at the parish and high school level, meeting them in their respective schools.

There were many transformative periods during my research and feedback from the volunteers. When patients that were dying viewed God as a mother, it resonated with my own childhood image of God.

A manual called “Emmanuel Style” was developed for this project (see Appendix E). It was with the hermeneutical eye that I presented this project. Jesus is the model of compassion, nobody can teach compassion more than Jesus. I modeled this project with Jesus in mind, for all the listening skills were in him. Even the referral skills were implemented by Jesus when he referred the ten lepers to the priests. When Professor Alfaro was teaching the hermeneutics and told us to read the book of Exodus 3 about Moses’ encounter with God, it was very transformative to me. Moses was invited. Moses responded to the call. Moses listened to God’s messages. The terrifying moment of Divine presence to Moses was enormous. He was ready to serve, to sacrifice his life for his people.

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CHAPTER 11
EVALUATION PROCESS.

The qualitative research conducted within the period of 6 to 9 months corresponded with the quantitative result of the findings within 6weeks. These results demonstrated that volunteers believed that there was a need for them to be trained. Volunteers when trained with proper listening and referral skills would be able to perform effectively in the health care services. This is my research claim that volunteers when situated in a health care setting are more efficient in rendering excellent care if they are well grounded and trained in the basic listening and referral skills. If they are not well trained, then there will be poor service to patients. The pre-and post-surveys prove that (see Appendix F).

The pre-survey score for 6weeks was 324, the post survey score was 480. This was a score gain of 156points. This showed an increase in positive response of 6 points per each of the eight questions. The results also equal 7.8 points per participant. The 6 to 9 month pre-survey score was 950. The post survey score was 1075. This particular score gained 125points. This showed an increase in positive response of 4.81points per each of the 8 questions. The results also equaled 6.25 points per participant. This demonstrated that the positive result was not in isolation but across participants.

The answer to the survey questions were each given a numerical value: Strongly Agree was given a value of 3, Agree was given a value of 2, ‘No’ opinion was given a value of 1, and disagree was given a value of 0. Question F was a control question asked

for qualitative purposes. This system allows the result of survey, pre and post, to be quantified, and the results compared.

A direct statistical correlation was found in the results for the participants in the program, with 20 participants. This proves that respondents recognized their own need for improvement, in listening, as well as the tools available for the integration of their compassionate listening and referral skills. The use of the Gestalt theory for therapy on patients, client I-thou relationship, created an impact during drama sections and with patient encounters.

As we advanced from 6 week, 6 month, and 9 month programs, there was a definitive movement in the direction of a value of education for volunteers. This was very encouraging and inspired the participants. Samplings moved from agree to strongly agree. In most cases, about 5 people moved from neutral to agree. The inclusion of the biblical illustration and the drama presentation which involved the volunteers enticed them and motivated them all the more. The hermeneutical display of the Good Samaritan brought out the disparity between empathy and sympathy. There was a direct correspondence between the inclusions of biblical passages as I was teaching the skills. That was why I called it the Emmanuel approach.

Consequently, volunteers have proved that the increase in knowledge and understanding of listening and referral skills could make a difference in a health care setting. There is no way only two to three chaplains would have sustained the pressing demand of religious, spiritual and emotional needs of patients, bearing in mind the religious population of Long Island. Due to a lack of certified chaplains, spiritual care companions and poor listening and referral skills, I was compelled to respond to this

urgent necessity. A tree cannot make a forest. Jesus asked us to pray for laborers to be sent in for the harvest is rich but the laborers are few (Matt9:37). By intent, volunteers have compassion but they needed the listening and referral skills which brought out the best in them.

Gestalt's approach was utilized to create and integrate the Emmanuel model of listening with compassion. Through the Gestalt approach to clients, patients and therapists, participants were able to think and feel the real compassionate care of patients. Corey confirmed this by saying that "one of the best way for leaders to teach a desired behavior to members is to model it for them."[133]

Volunteers in dramatizing the Good Samaritan story of Jesus were able to see the difference between empathy and sympathy which Jesus illustrated. St. Paul's imagery of the body was very apt in describing the collaborative work of volunteers and patients. The "parts of the body that seem to be very weak are all the more necessary, and those parts of the body that we consider less honorable we surround with greater honor" (1 Cor 12:22-30). St Paul implies that everybody has something to contribute, weak and strong alike, certified chaplains and volunteers have something to offer. Paul Ricoeur explaining about text to action opines that

> Hermeneutics similarly proceeds from the objectification of the creative energies of life in works that come in between the author and us. It is mental life itself, its creative dynamism that calls for the mediation by meanings, values or goals.[134]

Interpreting Pauline text with the eyes of the hermeneutics implies here that our values and goals will be objectively achieved if we implement the message from St. Paul

[133] Corey, *Groups*, 39.

[134] Paul Ricoeur, *From Text to Action, Essays in Hermeneutics* (Evanston, IL: Northwestern University, 1991), 112.

about being one body working together to achieve common objectives without neglecting the weak among us. By so doing we make the message of Pauline text present and also Paul, the author, will be alive in the text and in our life as we practice Christ's Divine teaching. In hermeneutics when one reads the text one makes the author look dead but when we practice what Paul and Jesus taught us we make them alive in the text.[135]

Some people may still ask why it is so important for volunteers to be assigned with such a huge responsibility in dealing with patients of this magnitude. The answer still remains that everybody ought to know about certain things because one never knows who would be the first responder to the patient in the health care setting. Pastoral care benefitted from the volunteers as they fill the void of shortage. Now that they have received the training and the manual there will be continuity. Prior to this demonstration project the assistance of the volunteers were not maximized. This awareness project brought out the best of the volunteers.

Conflict of interest within the CHS system may not allow this project to spread very far. The research claim here is that volunteers are aware of the need for listening with compassion. The administrator will include orientation on listening with compassion as part of their orientation during recruitment. This project has helped volunteers to communicate better to certified chaplains. It created such yearning and craving for the coordinator they included this project in their recruitment of volunteers.

[135] Ricoeur, *From Text to Action*, 107.

APPENDICES

APPENDIX A
DEMONSTRATION PROJECT PROPOSAL

Listening with Compassion as a Paradigm for Effective Care for Volunteers in a Health Care Setting

By

Anthony Madu

A DEMONSTRATION PROJECT PROPOSAL
New York Theological Seminary
November 14, 2011

CHALLENGE STATEMENT

After many years of experience serving as a Chaplain, at Mercy Medical Center, which is overseen by Catholic Health Services in Melville, Long Island, it is becoming increasingly clear that training the volunteers to possess good listening skills will bode well for them in carrying out their duties. Because of the importance of such personal quality, this project is designed to train volunteers with complementary skills for effective care giving. Also, a manual will be created for this program which will then serve as a model for its efficient implementation.

TABLE OF CONTENT

CHAPTER ONE

THE SETTING

Long Island comprises of two major counties: Nassau and Suffolk counties.[1] According to recent population data, about 2.8 million people are presently living in Long Island area, which makes it 15% of the New York State population[2]. The breakdowns of ethnic and religious composition of inhabitants of Long Island are shown in Chart A and Chart B respectively.[3]

Comparing Long Island population thirty years ago with recent population census, the data depicted in Chart A shows an upsurge of certain immigrant groups, like the Hispanics and Asians.[4] Because of the need to find jobs, more new immigrants are relocating to areas in Long Island where there are more employment opportunities. Following such resettlement of many immigrants in Long Island, the area has witnessed recently a shift in population dynamics compared to what it used to be. Many experts expect that the trend of such swing in population growth will continue as many corporations are relocating their businesses to the area. Some believe that current population of Long Island is far greater than the census data suggests, because there are many unaccounted Latinos, who are part of undocumented illegal immigrants.

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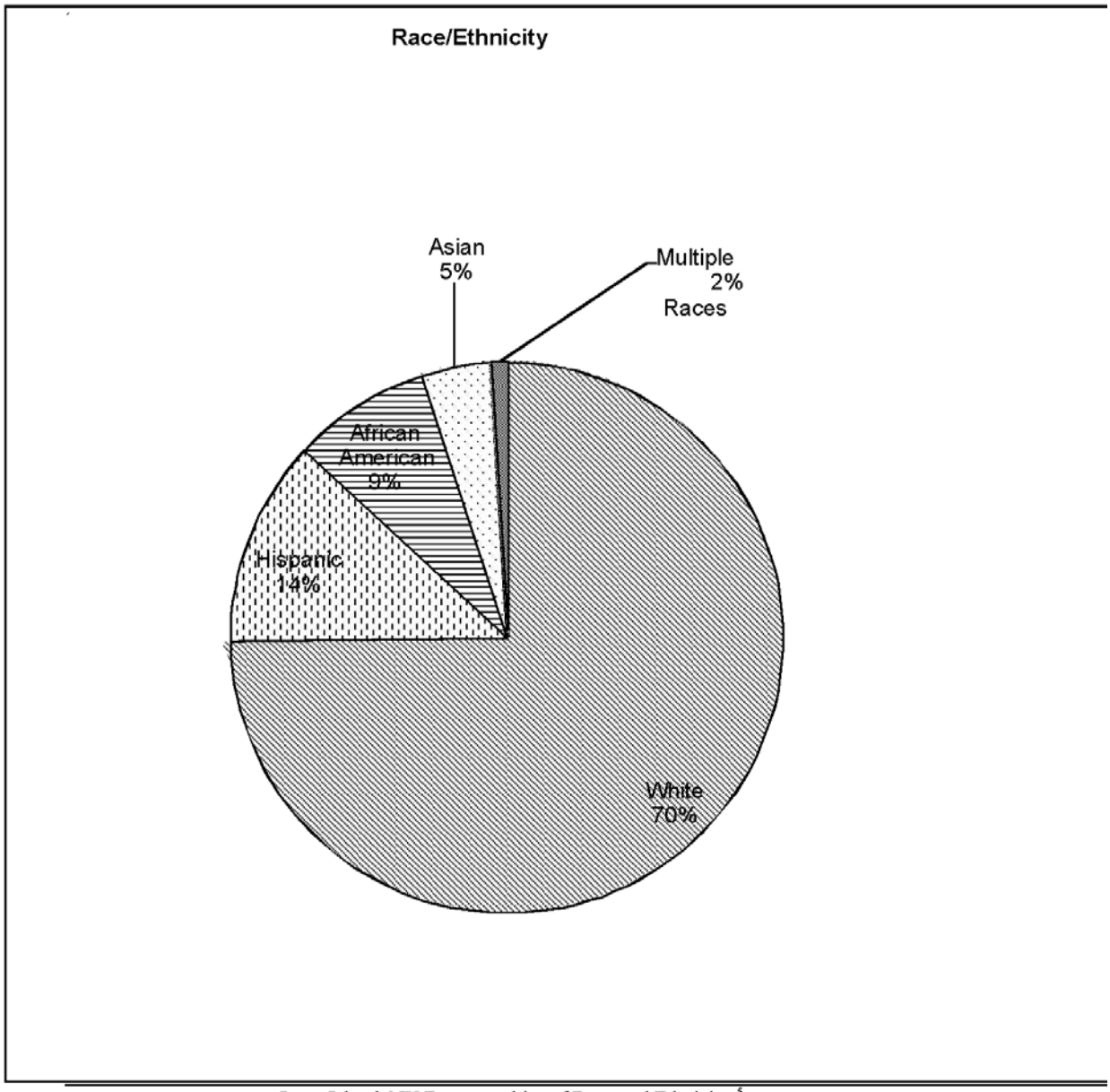
[1] Ibid

[2] "Long Island Index 2010," www.longislandindex.org/[Accessed December 14th, 2011).

[3] Dr Mary T. O'Neil "Matthew's Project", [Unpublished project NYTS: New York 2006], 8

[4]Long Island Index 2010," www.longislandindex.org/[Accessed December 14th, 2011).

Chart A Below:



Long Island, NY Demographics of Race and Ethnicity [5]

[5] Dr Mary T. O'Neil "Matthew's Project", [Unpublished project NYTS: New York 2006], 8

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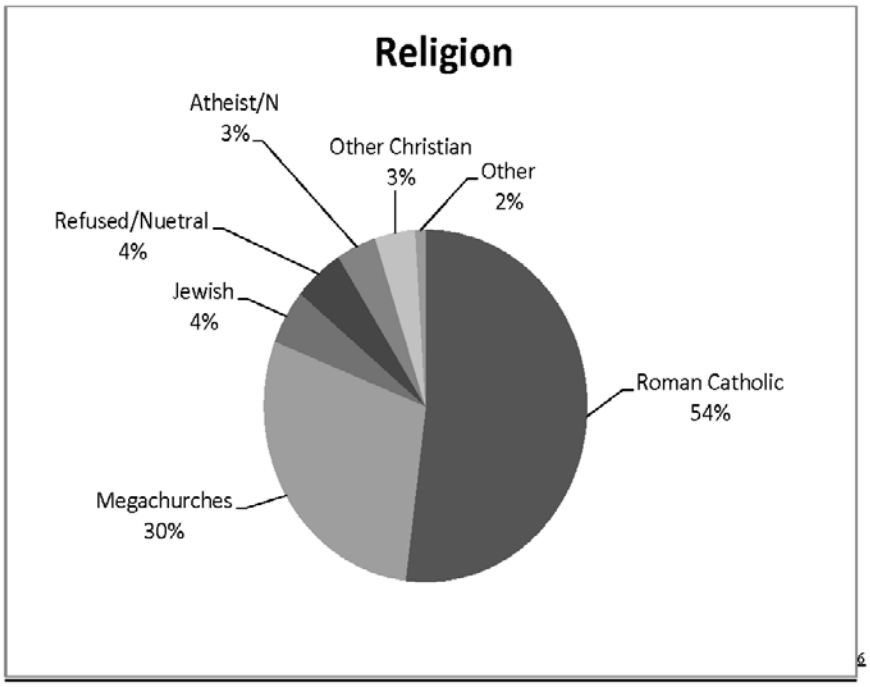
Chart B



Religious affiliation Demographics on Long Island, NY

Comparing Long Island population thirty years ago with recent population census, the data depicted in Chart A shows an upsurge of certain immigrant groups, like the Hispanics and Asians.[7] Because of the need to find jobs, more new immigrants are relocating to areas in Long Island where there are more employment opportunities. Following such resettlement of many immigrants in Long Island, the area has witnessed recently a shift in population dynamics compared to what it used to be. Many experts

[6]Ibid., 9

[7]Long Island Index 2010," www.longislandindex.org/[Accessed December 14th, 2011).

expect that the trend of such swing in population growth will continue as many corporations are relocating their businesses to the area. Some believe that current population of Long Island is far greater than the census data suggests, because there are many unaccounted Latinos, who are part of undocumented illegal immigrants.

Chart B displays the current population composition of various religious groups within long Island. Among different religious entities, Catholic makes more than half the number of worshippers. Behind the Catholics are Mega-churches, Jewish, Refusal/Neutral, Atheist, Other Christians, among others. Catholic Health Services (CHS), which is an integrated health care delivery system that includes some of the region's finest health and human service agencies, is chosen as precise setting for this project.[8] Melville is the Headquarter for CHS in Long Island. Catholic Health Services of Long Island is an independent organization that has multi-dimensional activities within it.

The center offers services to non-immigrants, Down syndrome children, elderly people with disabilities, hospice care, palliative care, terminally Ill, cancer care unit, home bound patients and nursing homes as well as training chaplains.[9] Also, CHS has, as part of his responsibilities, the duty of training clinical pastoral students. It has six hospitals, three nursing homes, a regional home care, hospice group and a community-based agency for persons with special needs.[10] The six hospitals under the CHS are Mercy Medical Center in Rockville Center, St Catherine Hospital, Good Samaritan

[8] http://www.chsli.org/about.html[Accessed October , 9th 2012]

[9] Ibid.

[10] Ibid.

Hospital, St Francis hospital, St Joseph Hospital and St Charles Hospital.[11] Some of these hospitals have different religious leaders who are part of hospital ministry, like Jewish Rabbi, Muslim clerics, Imams and different spearheads in other Christian denominations. These leaders all partake in offering religious services to patients and members of hospital staff.[12]

[11] Ibid.

[12] Trish. Spiritual Care Companion Member, Oral Interview, Malverne April, 2012.

Mercy Medical Center:

Mercy Medical Center is located in Rockville Center on the southeast corner of the Southern State Parkway and Peninsula Blvd, with the front view of the Building Complex facing Hempstead Lake.[13] The Congregation of the Infant Jesus founded Mercy Hospital, which emanated from Neufchatel France in 1835.[14] Their Mother house in LeMans, France, started in 1888, but in the 1900 many members of the congregation came to Belgium and some went to England in order to avert the religious instability and persecution.[15] It was in 1905 that "three French speaking members" of the Congregation came to United State.[16] The three established their stay in Brooklyn with the Little Sisters of the Poor.

Like many settlers before them, members of the Congregation of Infant Jesus were initially afraid when they arrived in the United States. But a little charitable gift of apple from a young boy who was selling fruits gave them a glimpse of hope for better things to come. The first known assignment embarked by members of the Congregation of the Infant Jesus was a special appeal made by Bishop Charles E. McDonnell, who asked them to nurse the ailing poor people in the diocese. This Nursing assignment evolved into a broader venture that ultimately led to the creation of New York State Certified Health

[13] http://www.lipower.org/pdfs/company/pubs/popsurvey/popsurvey06.pdf (Accessed February 10th 2012)

[14] http://www.mercymedicalcenter.chsli.org/about-us/gold-star-employees.html (Accessed August 2nd 2012)

[15] Ibid

[16] Ibid

Agency known as "Nursing Sisters Home Visiting Services." Such change was made possible by the permission granted by Pope Pius X.[17]

A branch of such services in Hempstead formerly known as "Old Mercy," with 13 beds in 1941, later changed its name to "New Mercy" which eventually gave birth to what we now called the Mercy Medical Center, which contains up to 374 beds.[18] For all this period, it has been providing proficient services, caring and compassion for many who have knocked at the door of the Good Samaritan for healing.

Mercy Medical Center, as part of Catholic Health Services of Long Island, still maintains her apostolate and outreach in prison ministry, interfaith Nutrition Network, and teaching at the college level. As part of its motto: "To minister in Christ" and to remain faithful to her mission,[19] on 21st October of every year, the Congregation of Infant Jesus commemorates the warm reception bequeathed by a vendor who gave an "Apple" to one of its member by repeating the same generous gift of apple to patients and staff.[20] Mercy hospital can be found on the southeast side of Southern State Parkway which is in Exit #19s and it is adjacent or opposite to Peninsula Boulevard.[21]

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[17] Ibid.

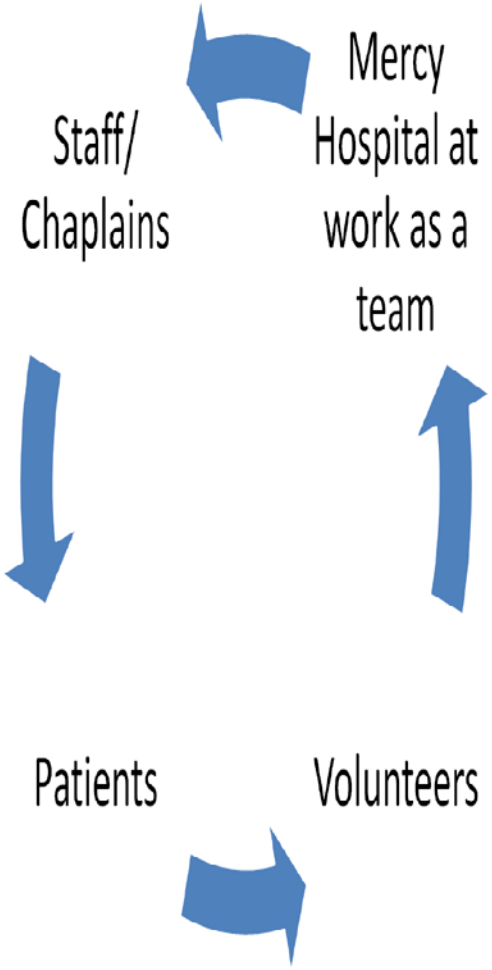
[18] Ibid

[19] Ibid

[20] http://www.mercymedicalcenter.chsli.org/about-us/gold-star-employees.html(Accessed August 2nd 2012)

[21] Ibid.

Organizational Structure

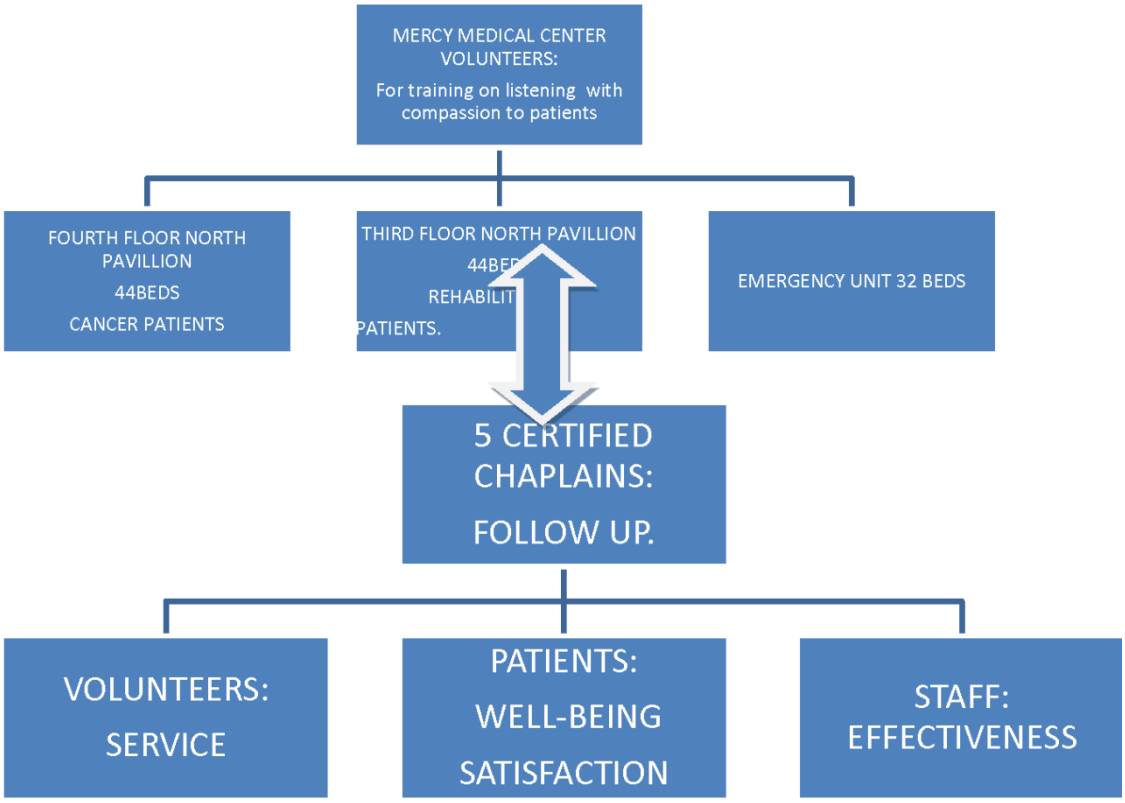


The above diagram shows the team spirit at Mercy Hospital; how they members work as a family with the same common goals. The core goal is predicated on improving the general wellbeing of patients and ensuring their satisfactions.[22] Also, Mercy hospital manages other areas the diagram below shows. Also, the demonstration diagram below highlights a wide spectrum of volunteer services to patients.

[22] http://www.mercymedicalcenter (Accessed August 2nd 2012)

Mercy Medical Center: Volunteers Organizational Chart.

1. Chart A



The above diagram shows the network of volunteers that work at different sections of the Mercy Hospital and the motives of the organization. The duties of these volunteers include among other things, to provide need-base assistance as required by the patients and staffers of Mercy Medical Center. The following terms: listening, compassion, empathy, paradigm, certified chaplain, and volunteers will be defined later,

as these terms are important words that are used to shed light on important features of this project.

Volunteering at Mercy Medical Center has been in existence for many years. The credibility of the network of services rendered by these agencies is revered by many people around the state and has engendered lots of people from different counties to emulate the model.[23] To better understand the role of different hierarchies of the volunteer personnel, a distinction needs to be made between certified chaplains and Volunteers:

a) Certified chaplain, according to Dr. Mary T. O'Neill, is a lay man or woman, which includes clergy, nuns and rabbi, among others, who answer calls to minister sick patients in a professional and special way. They go through four or five units of Clinical Pastoral Education [CPE], with residency experience, and eventually go through the NACC certification board. After passing the board, these individual are then called Certified Chaplains.[24] Certified Chaplain spend hours comforting patients, victims, families and staff in the hospital and nursing homes. They pray with families and comfort them with their special skills during tough decision-makings, like confronting the end of life issue.[25] They are no strangers dealing with the highs and lows of human emotions at the most raw stage.[26] A certified chaplain often sits in the institution's ethics committee and in many

[23]Mercy Medical Center, *"Mercy is for Me."* Information obtained from http://mercymedicalcenter.chsli.org accessed on August 2nd 2012.

[24] Dr Mary T O'Neill "Oral Interview" [Melville: New York May 23rd 2011].

[25] Ibid.

[26]Chaplains as Comforters and Counselors- NY Times.com [http://www.nytimes.com/2003/07/20/nyregion/chaplains-as-comforters-and-counselors.html?

instances serve as chair. Most often they are invited to share leadership experience in other committees that affect end of life decision-making in the hospital.[27]

On the hand, volunteers of Mercy under according to Kathleen Fee, who is their co-coordinator, are men and women who are retired but still wishes to serve God through patient care services. Some volunteers are not retired men and women rather they are people who are looking for job. They spend their free time to gain experience in a hospital setting while they wait to be employed. Volunteers are almost in all the floors and units serving patients and staff in the hospital. These volunteers, in some cases end up being employed as staff once there is an open position.[28]

There are two types of volunteers, those who serve without any future plan of salaried job and those who wish to be employed in the future but wanted to start as volunteers first. Still, other volunteers wish to give back to God and their communities in kind by rendering patient care services to patients.[29] Volunteers offer hospitality to patients as part of their ability to pay attention to others.[30] Volunteers care about patients' cause or people they serve.[31]

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pagewanted=all] [Accessed December 17, 2011]

[27]. NACC: http://www.nacc.org/vision/articles/chaplains-are-more.asp [Accessed February,11th 2012]

[28] Oral interview Kathleen Fee, Rockville Center New York: August, 22nd 2012.

[29]Ibid.

[30] Robert C. Dykstra *Image of Pastoral Care Classic Readings* (St Louis Missouri: Chalice Press 2005),81.

[31]Job Rusin *Volunteers Wanted A practical Guide to Finding and Keeping Volunteers* (Mobile: Alabama Magnolia, Mansion Press 1999), 37.

Although chaplains and volunteers listen to patient's emotional story and grief, but certified chaplains, professionally explores further more about patients' spiritual and emotional worldview. It should be pointed out that to "listen" means to harken, to give ear to, or to attend closely with a view to hear.[32] Listening for Lindahl is not a passive exercise or just being quiet, rather it calls for action, which consumes lots of energy in the process.[33] Also, listening entails capturing and understanding the messages that clients communicate.[34] Of course, both chaplains and volunteers need to listen with compassion.

In plain English, compassion may have the same meaning but varies from one religion to another on its interpretation. Because patients and staff of the hospital come from different religious backgrounds, it is appropriate here to give various interpretation of compassion as understood by different religious organizations. According to APA Dictionary of Psychology, compassion is a strong feeling of sympathy with another person's feeling of sorrow or distress, usually involving a desire to help or comfort that person.[35] It has to be a very deep emotional connection that does not stop with mere sympathy.

Sympathy is just a feeling of concern, resulting from the awareness of the suffering or sorrow of another.[36] Compassion is a feeling and state of mind that is cultivated through the practice

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[32]Noah Webster, *Webster's Universal Dictionary of the English Language*, (New York: The World Syndicate Pub.Vol 1, 1936), 968.

[33]Kay Lindahl, *Practicing the Art of Listening,* A Guide to Enrich your relationships and kindle your Spiritual Life, (Woodstock, Vermont: Skylight Paths Pub.,2009), 5

[34] Clara Hills. *Helping Skills Facilitating Exploration, Insight, and Action* (Washington DC: American Psychological Association 2004),100.

[35]Gary R.VandenBos, Ed., *APA Dictionary of Psychology*, (Washington DC: American Psychological Association, 2006), 203.

[36] Ibid. 916

of meditation. In Mahayana Buddhism, compassion takes a central role as the fundamental motivation behind the vows and saving practices of 'bodhisattvas' 'Buddhas-to-be.'[37]

In Hebrew, compassion means 'Rahamim,' which is related to the word 'rehem' (womb). [38] Compassion is regarded by Isaiah the prophet as the quintessential feeling of a mother for her child. "Can a woman forget her sucking child, that she should not have compassion on the son of her womb"? (Isaiah 49:14-16RSV).[39] The Talmud states that whosoever shows compassion to God's creatures is surely of the seed of Abraham.[40]

Nouwen's explanation of the biblical compassion of Jesus Christ is what resonates with me, especially, the one that led Jesus to heal, to weep with Lazarus family; the one that made him to feed the hungry, and the compassion that led him to sacrifice his life by dying on the cross to save the whole world. Nouwen explanation helps to shed light that compassion is not mere pity, or sympathy, but a commitment that connects to recipient's inner essence. It connotes a feeling of distress and pity for the suffering or misfortune of another, often including the desire to alleviate it.[41] In Latin it means 'compassio' fellow feeling from 'compati' to suffer with, from Latin 'com-with' 'pati' to bear, suffer.[42] For Henri Nouwen, compassion has various humanitarian moments which one share with his or her neighbor.[43]

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[37]Jonathan Z. Smith *The Harper Collins Dictionary of Religion*, [New York: Harper Collins Pub. Inc., 1995], 279

[38]Ibid

[39]Ibid.

[40]Ibid.

[41]Henri J. M. Nouwen, *With Open Hands* (Notre Dame: Indiana, Ave Maria Press, 1974), 104.

[42] http://dictionary.reference.com/browse/compassion [Accessed (February 6th, 2012).

[43] Henri J. M Nouwen, 104.

The English version of compassion meaning 'to suffer together with' is derived from Latin.[44] Biblical understanding of compassion is viewed as God's compassion, (Matt 9:6 RSV). For many people, understanding God's compassion is easy because people are made aware of such desire to free individuals from their sufferings. Volunteers devote their compassionate care for the patients in rudiment of Jesus' injunction, "I was sick you visited me" (Matt 25:31-46). God's compassion is empathy, not sympathy.[45] This is the type of volunteer service that Mercy volunteers are called to do. We have to move beyond mere sympathy to achieve empathy, which is understanding of a person from his or her frame of reference rather than one's own, so that a person vicariously experience the others feelings, perceptions and thoughts.[46] Gary is of the view that Empathy does not by itself entail motivation to be of assistance, although it may turn into sympathy for a person in distress which may result into action.[47] Consequently, volunteers need to understand what it takes to listen so as to make necessary referrals, which is one of the challenges that the project intends to address.

[44] http://dictionary.reference.com/browse/compassion (Accessed November 13th, 2012)

[45] http://www.access-jesus.com/definition-of-compassion.html [Accessed February 5th 2012]

[46] Ibid.

[47] Gary R. Vanden Bos, Ed., *APA Dictionary of Psychology*, [Washington DC: American Psychological Association, 2006] 327

CHAPTER TWO
PRELIMINARY ANALYSIS OF A CHALLENGE STATEMENT

With my 8 years of experience as a chaplain at Mercy Medical Center under Catholic Health Services in Melville, Long Island, I have become aware that listening skills of Volunteers need to be improved. Prior to this project the primary duties of some volunteers are to distribute ice cube and water to patients, transport them from emergency room to various units and floors. Patients tell their sacred stories to volunteers who are not trained chaplains and if they are not aware of referral skills they may not know who to referrer patients to Only certified chaplains process patients feeling in certain situations. That is one of the reasons why this project is very essential for this particular group of volunteers that have access to patients.

During volunteer recruitment, there is no orientation course on listening skills. Bearing in mind the shortage of staff in pastoral care, I deemed it wise to harness the window of opportunity provided by the volunteer office to reach out to them for this project. When volunteers are trained on listening and referral skills they will be able to serve patients well and at the same time make effective referrals to certified chaplains.

Listening skill is an important component of delivering effective services to patients and staff at large. Most volunteers have compassion for patients but the basic listening skill prevents them from rendering effective services to patients. Cultural influence, referral skill, coupled with attending skills of verbal and non verbal gestures need to be addressed.

Based on personal experience dealing with volunteer workers at Mercy Hospital Center, many volunteers often demonstrate lack of certain basic listening skills, which are needed to help them be effective listeners when dealing with patients. On various occasion, I have ran into some volunteers who were having hard time handling less demanding challenges that could have been resolved if

they were skillful in effective listening. In one instance, a 93-year old was frustrated on being at the hospital. He showed her discontent by exhibiting constant anger at the volunteer worker. The volunteer, who was unskilled in listening, interpreted it that the patient was unhappy about the room she was staying at. On talking to the patient in a more professional way, I realized that the patient in question no longer wanted to live. He in essence wanted to die, but the volunteer worker did not pick up such implicit signal.

This event and others similar like it, prompted me to set up a project that would improve the effectiveness of volunteering to the benefits of patients. And in so doing improve quality of care giving by members of staff, nurses, and doctors. It has shown that such skill like eye contact, which is a key nonverbal behavior skill, needs to be addressed when training new volunteers.[48] Hill's helping skill will be helpful to train volunteers in areas of facial and eye contact, feedback, verbal interpretations and nonverbal skills like nodding. Biblical illustrations will be used to enhance their empathetic 'Emmanuel style' approach of compassionate listening. Another aspect of skills that volunteers need to improve on is how to deal with a patient who is confronted by a loss of love one and still is in a grieving stage. When such inevitable event happens, it is essential that the volunteers know how to provide solace to the patients while listening effectively to their concerns and eventually refer such patients to a certified chaplain.

Since the establishment of Mercy Hospital Center in 1905, It has not formally provided its volunteers with a special training on the importance of effective listening when dealing with

[48] Clara E. Hill *Helping Skills Facilitating Exploration, Insight, and Action*, (Washington DC: America Psychological Association 2004), 101

patients' concerns. Volunteers do not know when to make referral to certified chaplains. Referral should be integrated into volunteer's relationship as closely as possible.[49] Some volunteers even lack the skills to cope with their own grief and loss, talk more of listening to patients who are going through similar experience.

A study shows that both patients and physicians indicate that compassionate care is important during their most recent hospitalization.[50] Everybody wants to be listened to especially patients. For example, 83% of patients polled indicated that they expected that physicians would express sensitivity, caring, and compassion, but fewer, or 67%, indicated that physicians actually demonstrated those behaviors during their hospital stay. Also, 91% of patients confirmed that they would expect that physicians would listen attentively to them compared to 67% who said that they were listened to during their most recent hospitalization.[51]

There is need for volunteers to make referrals when listening to patients that need certified chaplain. The moment of referral is a moment of truth in which we face our need to monitor ourselves carefully so that we can control rather than be controlled by our inner experience.[52] Eugene and Sara assert that true life stories from patients are interesting and can easily arrest our attention.[53] Thirdly, some of them are going through their own grief and loss that prevent them from

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[49] Eugene Kennedy and Sara C Charles *On Becoming a Counselor A Basic Guide for Nonprofessional Counselors and other Helpers,* (New York: The Cross Road Pub.,1977), 153

[50] http://www.ahcmedia.com/public/samples/mea.pdf [Accessed January,12th 2012]

[51] http://www.ahcmedia.com/public/samples/mea.pdf (Accessed February 16th 2012

[52] Eugene Kennedy and Sara C Charles, 150

[53]Ibid, 143

listening well. The event of death and the process of dying have immense impact on individuals[54] When volunteers encounter patients with similar stories some of them become emotional about it and may not know the professional exit strategy. Some volunteers keep on telling their own stories without knowing when to allow patient to share his or her own story.

What is at stake biblically is to introduce to them some biblical illustrations that will enable them to embrace Emmanuel style of approach to listening with compassion. Theologically, volunteers will be able to ascertain from their role play of certain parables in the bible where they place God in their life during grief or emotional crisis as they listen to patients.

System change is in question here; they only concentrate in bringing cold water, newspaper and novel to patient. This project will expand their horizon to include listening and referral skills in their program. Due to the nature of the Catholic institution I am working with, coupled with the fact that I am not a citizen, I may not be allowed to make a global system change as a Roman Catholic priest. The attempt made to work with Spiritual Care Companion raised a conflict of interest and power tussle. Consequently, I was advised to work with non professional volunteers. This project has really unraveled a lot of latent points that will be addressed as we move along Within this volunteer department; it is a systemic change which the coordinator welcomed in good faith and with every enthusiasm. It has to be a paradigm shift for some of them because it will be different to what they are used to and not everybody welcome change very easily. Because I will be endeavoring to make a paradigm shift it is necessary to define what I mean by a paradigm.

[54] Anthony I Madu, *Death and Dying and how we Respond to it* (Fordham University's Graduate of Religion and Religious Education: M A Research Paper/Thesis, 2007), 16.

According to Covey, it is a Greek word which means, a model, theory, perception, assumptions or frame of reference.[55] The way we understand, perceive and interpret the world around us matters a lot. Paradigm comes from the Greek word Paradeigma to mean 'an example' or 'a pattern' Para meaning besides + deiknynai meaning 'show'.[56] Breton and Largent observed that quest for improvement and the change of the way things are done leads to a lot of paradigm shift and patterns. Any model or pattern one brings to the table has good intention. It depends on the system that will be implementing the coping skills which implies finding ways to fit into the norms that are healthy. Breton and Largent were concerned about 'paradigm conspiracy' because some people in our society do not like change in their life[57]. Most people fight against change at all cost. So as long as the paradigm remains invisible, we are stuck, but the prevailing model stymies change.

It will not be a surprise to me if some of the volunteers do not welcome the new approach of listening and referral skills. Some of them find fulfillment in just providing assistance to the sick by bringing water, Ice cubes, newspaper, dressing the bed and chatting with patients which is also part of keeping them company.

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[55]Steven R Covey, T*he Habits of Highly Effective People*, powerful Lessons in Personal change, (New York: Simon & Schuster Inc., 1990),23

[56] Robert C Preble Ed., *Britannica World Language Dictionary*, (New York: funk and Wagnalls Co., 1960)914

[57]Denis Breton & Christopher Largent, *The Paradigm Conspiracy*, why our social systems violate our human potential- and how we can change them (Minnesota: Hazelden Center City, 1996),5

CHAPTER THREE
PLAN OF IMPLEMENTATION

Goal and Strategy

Goal1. To develop and create awareness among the coordinators and volunteers that lack of listening and referral skills impede volunteers' service to patients, staff and chaplain effectively at Mercy Medical Center.

Strategy 1: Meeting with coordinator for volunteers in November 20th 2010

a) Sensitization and Mobilization of the Spiritual Care Companion volunteers on the issue at stake. January- April 2011.

Strategy:2 Workshop on Listening Skills with Carol's Spiritual Care Companions volunteers May 2011)

Strategy3: Meeting with Pastoral Care Unit Administrator Sr Mary Alice for assistance with chaplains. July 30th 2011.

Evaluation: Trisha, a spiritual care companion assistant coordinator did simple survey sampling with Spiritual care companions and the positive response to assist was very encouraging, though not everybody was in support. From the meeting with Site Team and chaplain administrator Mary Alice respectively, I was advised to concentrate more with Katherine Fee Volunteers instead of conducting the program with Spiritual care companion. Most of them show support and optimism towards working with project volunteers.

Goal 2: develop and implement a scriptural based skill that portrays the "Emmanuel compassionate style-Jesus listening skill" that will be beneficial to volunteers, patients and chaplains (Lk10:30-37;Matt 25: 31-46 RSV)

Strategy 1: Meeting with site team to plan on the implementation and strategy (November, 12th 2011)

- Workshop with Mercy volunteers to implement the verbal gestures
- non verbal skills,
- eye contact, facial looks,
- Referral skills.
- Continuation of the implementation till May 2012

Strategy2: Site team suggestion to be implemented: Reading of passage from the scripture good Samaritan that illustrates the Emmanuel compassionate approach on Listening skills, like eye contact, verbal and non verbal, nodding gestures and so on. Dr Gunn's idea which he referred to as Gestalt method is very helpful.[58] Gestalts' approach is designed to help people experience the present moment more fully and gain awareness of what they are doing.[59]

- Role play by some of the volunteers will enable them to experience the depth of compassion which Jesus wants us to have as one listens to patient and those in need. Maria Johnson, Emeka Ude, Gladys, Prince and Amaka Nwosu will be facilitating a drama presentation for it at Mercy Auditorium by Nov 27, 2012.
- At the end of the session: I will be able to gather all their shared experience and address them accordingly.

Strategy 2: Flyers will be used to advertise the role play message around to all Mercy hospital and Mercy site team will be visiting the site by (December 7th 2012)

Strategy 3: Supervisor for Clinical Pastoral Education and Spiritual Care Companion will be invited to come and speak to volunteers on listening skills at Mercy Auditorium in December7th

[58] Dr Robert Gunn *Phone Discussion and Interview*, (New York: November 12th 2012.)

[59] Gerald Corey, *Student Manual for Theory and Practice of Counseling and Psychotherapy* (USA: Thompson Learning Inc. 2005), 93.

2012.

Strategy 4: Personal visitation of the volunteers at their various floors to engage and interact with them on listening skills will be going on between November 2011 to January 2013.)

- Incessant emailing network will be predominantly used to raise awareness about the urgency of listening skills among our volunteers. (Emmy and Maria Johnson will be monitoring it on line 2011 till date)

Evaluation: Simple survey or questionnaire will be distributed as a qualitative analysis to volunteers in order to ascertain whether or not the scriptural illustration and role play enhanced their compassionate listening skills. For Corey, this approach is experiential, in that, volunteers will come to grips with what they are thinking, feeling, and doing as they interact.[60]

Approximately, cumulative of 3-5 month and a yearly summative observation will be used to access whether or not listening skills learned really improved their referral skill, interaction with patients, staff and chaplains.

Third Goal: To develop and build up an effective volunteer team that will continue to implement listening and referral skills learned from this program. Then a manual will be replicated.

Strategy 1: To create a suiting professional criteria to be met by volunteers of Mercy Medical center in terms of listening skills through interaction and feedbacks from them on monthly bases.(November 2011 to December 2012)

Strategy2: Pastoral care chaplains that work at Mercy should utilize this opportunity to collaborate with volunteers in this program by responding to them when they make referrals. Emilce and

[60] Gerald Corey, Student Manual for Theory and Practice of Counseling and Psychotherapy, (USA: Thompson Learning Inc., 2005), 93.

Benedette will be monitoring the process at Mercy [from November to December 2012]

Strategy3: To involve volunteers of nearby churches like Our Lady of Lourdes, Our Lady of Loreto, Holy Redeemer, St Anthony's Long beach and Our Lady of Peace that come to Mercy hospital with listening skill, so that their visit will be beneficial to patients and chaplains. Maria Johnson, Ronald and Lemanya will be taking care of the implementation (from November 2011 to December 2012)

Strategy 4. Bereavement intervention workshop will also be conducted to address the need of volunteers traumatized listening to patients since some of them still go through grief and loss situation (December 20th , 2012 Not Met)

Strategy 5: Manual will be replicated for the volunteers before the end of June 2013.

Evaluation: Simple Questionnaire will be distributed to the volunteers to check whether the skills to be thought are useful to them. About 4 to 5 months will help to determine whether the program yielded results of cutting down hours of visit to patient who are very weak to talk for too long and to make sure that the patients spiritual needs are met in a timely fashion. Through their referral skill, it will give certified chaplains opportunity to pay more attention to patient that need more attention. Secondly, Feedback from volunteers and monitoring team of certified chaplains will show whether the listening skills and referrals are working. Contributions from volunteers will help Mercy Hospital Center vision and mission for the patient's excellent care to be met.

CHAPTER 4

RESEARCH QUESTIONS

The research questions that will be used to address the volunteers' situation during workshops are below. This will help to determine the extent they have fathomed the listening and referral process and its implementation during their daily interaction with patients and certified chaplains. The gospel of Mathew encourages us to ask and we shall receive, to seek and we shall find and to knock and the door will be opened (Matthew 7:7. RSV). Similarly, volunteers seek to find answers to the basic listening skills that will enhance their volunteer services for patients' excellent care.

PRE SURVEY MEMO AND QUESTIONNAIRE SENT TO VOLUNTEERS

Dear Volunteers,

I am Fr Anthony Madu. I am doing a Doctor of Ministry project with volunteers who are not professionally trained on listening and referral skills but are working in a hospital setting. Some of these volunteers have not been trained on how to listen to patients. Volunteers encounter patients on daily basis in their various unit, distributing water, ice, magazines, transporting patients to various floors and to the chapel. Some also are Eucharistic ministers, and Spiritual Care companions who give Holy Communion to patients. When they listen to patients' stories they may not know how to process their feelings and emotions because it is not their professional duty.

Some patients could be those who are terminally ill, some are still grieving but are

sick and need to be visited by a certified chaplain. But because volunteers are not trained to handle such situations, chaplains may miss such individuals and they may go without any certified chaplain attending to them. This project is part of an awareness campaign of the need to train our volunteers with listening and referral skills so that they can offer effective service to patients and to certified chaplains for the overall patients' excellent care.

Can you take few minutes of your time to give me feedback on whether you will be interested in participating in this awareness process and project? Feel free to share and distribute it to other volunteers you think that may be keen to join us around Nassau and Suffolk counties of Long Island. I will be very grateful if these questionnaires are returned as soon as possible. I will also send these through email and hope to receive manually through Katherine Fee's office or pastoral care office. Emailing is also acceptable and good. Thanks for being part of my project network and support.

Pre questionnaires

Name---------- (Optional for all) Email----------

Gender: Male------- Female--------. Age---------

Name of Office/Department----------

					Yes	No
Do you think that volunteers need listening/Referral skills	Agree	Strongly Agree	Not Agree	None		
Do you think that listening/Referral skills provide a valuable component to your work as a volunteer	Agree	Strongly Agree	Not Agree	None		
Do listening skills enhance your compassion to the patient	Agree	Strongly Agree	Not Agree	None		
Does the Emmanuel/Jesus Style help you better understand compassion	Agree	Strongly Agree	Not Agree	None		
Do Readings from the Bible prove helpful in your work as volunteer	Agree	Strongly Agree	Not Agree	None		
Do you feel emotionally depressed after listening to patients	Agree	Strongly Agree	Not Agree	None		
Is your compassion for patients your priority	Agree	Strongly Agree	Not Agree	None		
Do you think that culture/Religion of patients should be respected as you listen	Agree	Strongly Agree	Not Agree	None		
Do you feel that confidentiality of patient will be respected after listening to patients	Agree	Strongly Agree	Not Agree	None		
Is it normal to interrupt the patient while he or she is still telling his or her stories	Agree	Strongly Agree	Not Agree	None		
Do you have experience about listening skills						
Do you have problem listening to patients' story						
How passionate are you listening to patient						
Do you listen with compassion or with sympathy						
Do you know that we have free bereavement programs						
Do you manage your own emotions when listening to an abused patient						
Are you able to control your emotions when listening to patients						
Do you know about exit strategy when stocked with patients' emotion?						

POST QUESTIONNAIRES

Name---------- Email----------

Gender: Male------- Female--------. Age---------

Name of Office/Department----------

	Agree	Strongly	Not	None	Fair	
Did the Role Play you participated in enhance your listening/Referral skill/Compassion	Agree	Strongly Agree	Not Agree	None		
Were you able to connect with the listening/Referral skills learned through Biblical Drama	Agree	Strongly Agree	Not	None		
Does your volunteer work seem more valuable now	Agree	Strongly Agree	Not	None		
Do you feel more connected as part of a team after this workshop	Agree	Strongly Agree	Not	None		
Do you feel more confident in your volunteer work	Agree	Strongly Agree	Not	None		
Can you feel comfortable now to make referral to certified chaplain What are your suggestions For future workshops What did you find most helpful What did you find least helpful Will you recommend this project to other volunteers						

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CHAPTER FIVE

RESEARCH ANALYSIS

Historical Research and Analysis

In the historical analysis we shall examine the puzzling questions that challenge the institution as they recruit volunteers at Mercy Hospital. The questions include the following:-

1) At Mercy Hospital center, since its inception in 1905, has there been any effort to teach volunteers the essence of listening and referral skills. 2) If yes, to what extent have they gone and how successful was such opportunity with volunteers? 3) What prevented such effort and opportunity not to succeed, if actually these efforts were made? 4) Historically, there was a misunderstanding between the work of certified chaplain and the spiritual care companion in the hospital, but could that be the reason why volunteers were not trained with listening skills? 5)What historical aspect of the function of volunteers, spiritual care companions and certified chaplains that need to be resolved so as to enrich volunteers with listening skills. 6) What historical functions of spiritual care companions that need to be reframed so as to distinguish it from work of volunteers in the hospital?

B. Biblical perspective,

As we develop and determine the volunteers professionalism there is need to contemplate on the Biblical exegesis involved. The question intended here obviously will be the following: Has Mercy Medical Center made her mission and vision of compassion towards patients fathomable and known among volunteers, is it presumed that everybody suppose to know or is it known to only the

certified chaplains and spiritual care companions? Have they attempted in the past to introduce Emmanuel approach of compassionate listening to volunteers working with sick, disabled and strangers, deaf and dumb as Jesus did in the Bible. What scriptural stories have been utilized by Mercy Medical Center to illustrate compassionate listening for volunteers?

C. Psychological and Cultural Research and Analysis?

Is there any possibility for Mercy hospital volunteer department to integrate coping strategy for volunteers suffering from grief and loss? When triggered by emotional stories while listening to patients will they be able to cope? How can we integrate the cultural and psychological insight into the demonstration project? Will orientation causes or workshops help volunteers deal with traumatic situation triggered by patients with pre-existing condition of bereavements? To what extent does cultural and psychological education on listening and coping skill demand from me, volunteers and Mercy Hospital patients. Was listening with compassion taken for granted that no one introduced it to the volunteers since its inception?

CHAPTER 6

Evaluation Process

Goal Evaluation: 1

Evaluation process is not always easy because of the fact that changes in any system or organization is not easy.[61] When leading a group, we pay attention to what group members like the volunteers are thinking, feeling and doing.[62] There has to be approximately 5 to 6months plan to measure the efficacy of the above strategies for the volunteers' 'listening and referral skills. By the end of at least one year, a thinking, feeling and behavior model will be used to measure volunteer's success or failure during this research period. From the interviews made I gathered that there are about 300 Volunteers within the Nassau county Hospitals in Long Island. I am targeting to get about 10% to respond to the survey within Mercy Hospital Volunteers

Evaluation of Goal 2

Evaluation for this goal will be seen when signs of implementation of all I have thought are utilized by at least in 6 to 9months in the hospitals. After the two workshops a comparison of the survey will look for signs of improvement in a persons' understanding of their gift and areas of challenge or challenges that need to be improved. The last part of the evaluation will be to have at least 10% of the workshop attendees' sign up for online chat room mentoring sessions or phone conference call. I am aware of the fat that not many people are computer literate or have interest in computer internet work.

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[61]Denis Breton & Christopher Largent, *The Paradigm Conspiracy*, 5

[62] Marianne Schneider Corey & Gerald Corey

Goal Evaluation: 3 In this third goal, I hope to evaluate these strategies above through surveys and interviews with volunteers and chaplains that participated in the program with regards to the project's effectiveness. The first question will be to ascertain whether the goals were met? Secondly to inquire from volunteers through likert scale whether they felt that the awareness campaign in progress in areas of compassionate listening and triggered situation in their life are well attended to?[63] Thirdly, I will also expect feedback from chaplains about the effectiveness of volunteers' referral skills.

[63] http://www.socialresearchmethods.net/kb/scallik.php (Accessed December 2nd 2012).

CHAPTER 7

COMPETENCY EVALUATION BY MY SITE TEAM.

Site team members Dr Robert Gunn, Trisha Luvin, Rosie, Stillwell, Sr Buckerly Ed Zimmerman and Maria Johnson, Mr. Ojo and Lemanya assessed me in areas of leadership, worship, being prophetic, religious leader, pastor, spiritual leader, ecumenist, witness/ evangelist and as a theologian. They responded respectively the much they know about me and they all agree with one another's observation.

Worship Leader:

Anthony offers a positive outlook; meshes comforting words and music; uses his singing talent to enhance his spiritual message; sings parts of the Mass which stirs the soul; uses his melodic singing voice to create a sacred presence for worship; smiles and shares his gift of humor; encourages non-singers; makes people feel welcome through his friendly manner; reaches out especially to children. Anthony has produced many gospel musical Albums namely: 1)Increase our faith, 2) Speak Lord I am listening, 3) Good Shepherd is Jesus, 4) Great Warrior is Jesus 6) I am in God's Hands. 7) Life is in Jesus 8) Spiritual Dry Well. 9) Speak Lord I am Listening.10) Hold on me Oh Lord don't let me go astray, 11) Be my Angel.
12)Transform me Lord for I am your child, 13) Have Mercy on me, 14) God is my Strength, 15) Loving Mother, 16) Father with Eagle's wing, 17) You are mine Jesus, 18) My beloved Son, 19) I can feel God's presence in my life 20) Precious child of God, 21) Massive Divine Breakthrough, 22) Born to succeed, 23) I am nothing with out you, 24) I am who I am is a Miracle God, 25) Countless gift of Love, 26) Sweet & Blessed Marriage, 27) Count me in, 28) Worship the Living God. His reverence as he celebrates Mass is very powerful in inviting others into the celebration as well as his love of music. His example allows ones soul to open to fully respond to the grace of the sacrament. Majority of the site team commended Anthony's ability to lead in worship. This is as a result of his compassionate listening skill that he applies in ministering to his congregation. When they share their pains, sufferings and struggle in life, he listens with compassion.

Then during worship, song and intercession, Anthony lifts our petition, mind and spirit in praise and worship. We feel connected and edified during worship. In connection to this project Anthony creates awareness of listening with compassion in our community life both with the patients and with staff. When one prays with Anthony, one feels that God is listening to him or her through Anthony's worship leadership. Anthony listens and we know that he is with us in our suffering and pains. His reverence as he celebrates Mass is very powerful in inviting others into the celebration as well as his love of music. His example allows ones soul to open to fully respond to the grace of the sacrament. Anthony listens attentively without unnecessary interruption to patients. Volunteers feel connected with Anthony to make good referrals.

Spiritual Leader: Anthony inspires others as he treats each person as Christ in his every day ministry by bringing comfort and solace to patients, staff and congregation.

Theological Assessment:

Anthony develops scriptural and ecclesiological messages through his inspiring homilies. He uses a down-to-earth approach which is easy to understand for all ages to spread the Good News joyfully. Anthony integrates dogmatic, scriptural, moral and theological teachings of the church in his homily. Most of the site team members commended Anthony as a sound theologian. They are motivated by his uplifting topics and contemplative reflections during mass, benediction and during charismatic life in spirit seminars. Anthony according to site team is passionate about the Word of God. It is evident that he spends time to grow deeper in his relationship with God, enabling him to share God's word that sustains people's deeper relationship with God.

Preacher/Interpreter of Sacred Texts

Hermeneutical interpretation of the scripture being offered in the Seminary enables Anthony to understand and preach the gospel well. Anthony's inspired preaching motivates the audience to respond to God's call and implement in their daily lives the message proclaimed in gospel. Anthony listens to people's pain and condition. People devastated by natural disaster found solace

and healing through his preaching.

In relation to my project, I listen with compassion to patients which helps me to connect with them in my interpretation of the sacred scriptures. I help the patients, staff and parishioners to find solace in the sacred scripture. I teach them how to surrender themselves, their senses, their wisdom and understanding to the deeper message accruing from the scripture. This resonates with most of them. When I blend it with life stories from my country Nigeria, the patients, staff and parishioners connect easily. Members of my site team are two men and four women. They responded to the New York Theological Seminary tool for assessment of each student. Each of the Site Team members evaluated me based on how they perceive me and my ministry, eventually their individual assessments will be compiled and sent to me. But this is my own personal compilation while I wait for general consensus. I have to follow this up with individual emailing, telephone, conversation and meetings

Administrator/Leader/Pastor

Most of the site team members know me as a priest chaplain because some of them have been patients in the hospital; some have attended masses and retreats I conducted. One is my parishioner and one person never knew me till we came together as a site team members. In general they saw competency mostly in my pastorship for I feel their pulse before I preach by asking them "how do you fee today"?

Leadership quality stems from the fact that I collaborate, without discrimination or profiling coupled with inclusive language. They see me as an educator because of the way I minister to the youth. I camp with them, play soccer with them and use scriptural stories and language to address their behavior and lifestyle. It resonates with them during preaching. I did homiletics in the

Seminary which is very resourceful to delivering good sermon. I will be working more on Ecumenism.

Even though I work closely and effectively by serving many denominations, including staff, patients and other chaplains, in the hospital as Chaplain, I still need to develop this ecumenical spirit within the period I am doing my degree program in the Seminary. I have become aware of the inclusive languages and also how to distribute assignment to everybody in my ministry so as to balance gender equality gap.

Anthony's Seminary training, coupled with his Masters Degree in Counseling at Fordham and also his Clinical Pastoral Education certification really enhanced his relationship with colleagues. In line with his project, he listen more to staff and patient than just lead or preach so as to show more compassion within the ministry.

Prophetic agent and Religious Educator

Anthony's joyful and loving demeanor brings the presence of Christ to everyone he meets and works with. He has often sacrificed his time to bring Christ to others. As a Prophetic agent and Religious Educator Anthony seems to be aware of his utterances. He speaks diligently and prophetically and people reverence him for who he is. From Anthony's culture were made to understand that people fear the words from the priest's mouth, they take it serious, and that helped Anthony to guard his prophetic tongue.

Anthony preaches prophetically as Christ's ambassador. Anthony serves as a religious educator by devoting his time and services to the spiritual need of his people. He catechizes both old and young about our religious tenets. Anthony s versatile in religious education. Anthony helps us

to practice our belief through visits to the sick, volunteering at various Inn for the homeless. Being a Catholic pastor, Anthony works with various social and religious agencies by addressing their need and concern to the authorities. Anthony trains volunteers in areas of listening skills and like St Paul he is all things to all men and women in the hospital where he works. (1Cor 9:21-23 RSV).

As a religious Educator, Anthony tells heartfelt stories which make readings easier to understand; explains tenets of our faith in simple language; offers multi-cultural ideas; makes worship come alive for us; uses music, even dance effectively.

The Competencies selected to work on

Ecumenist:

Goal: To relate well with Christians from other denominations so as to understand and accommodate their pastors as partners in the Lord's vineyard.

Strategies :

A. To attend Doctoral program outside my Catholic institution.
B. To visit interfaith churches and events so as to interact with them and learn their own belief and culture.
C. To share the word of God with them by listening to cohorts preach.
D. To tune into TV channels to listen to other pastors like Joel Osteen Pastor Chris and Meyer Joyce preach, Fulton Sheen.
E. I will conduct ecumenical prayer in the hospital where I work as chaplain and also attend end of year interfaith around my county.

Evaluation: I will accept a critical written evaluation from Mercy medical Pastoral administrator so as to measure how closely and effectively I have worked with many denominations, including staff, patients and other chaplains in his work place. I will be willing to share personal testimony of my

life with others that need healing touch of Jesus Christ.

Spiritual Leader:

Goal:

To strive to be compassionate as my Heavenly Father is. (Lk 6:36 RSV).

Strategies

A. To engage in Spiritual Direction Retreats/Orientation courses
B. To read and apply all I have learned in Spirit-Linking leadership class[64]
C. To attend personal and group retreats organized by the Roman Catholic diocese.
D. To reach out to Charity Organizations around me and beyond to help the needy (James 2:14-24RSV).[65]

Evaluation:

A special request for a critical response from my peers at work and other chaplains at Mercy Hospital will be done. My joy will be complete when spiritual competency becomes a transformative role in my priestly life. Most of the site team members are my parishioners and they will observe it. Through my enthusiasm and love of Word of God I will be helping the faithful to have a better understanding of the faith.

[64] Donna J. Markham, *Spiritlinking Leadership.* Ibid.

[65] www.biblegateway.com/passage/?search=James+2%3A14-17...(Accessed : December 2nd, 2012)

APPENDIX A

Date	Task/ Activity	Tool/Necessary To complete Task	Person Responsible
11/20/10	Goal-1A) Strategy-1A). Awareness meeting with Coordinator: Spiritual Care Companion Volunteers	Location/ permission	Carol
12/16/10	Report to site Team: about Goal/Strategy 1	Malverne Parish	Me: Trisha/Anthony
01/11/11- 04/27/11 07/24/11- 07/30/11	Meeting with Carol : Sensitization/Meeting with SCC:volunteers @ CHS Melville Meeting/workshop with Spiritual Care Companion September/October/November Meeting with Spiritual Care Companion Volunteer	Mercy Medical Spiritual Care Companion Flyer for Drama in December distributed/Cancelled due to weather.	Me: Anthony Me: Anthony Me: Carissima/ Anthony

Date	PLAN Task/ Activities	OF Continues	IMPLEMENTATION Cost/Funding/ Persons in Charge
11/24/11	Director: Ammended Approval of Proposal: Change to Katherine Fee Volunteers: Spiritual Care Companions Dropped b/c of Conflict of interest.	Research Contd.	SiteTeamVisitation in 2012
01/27/12	Goal2/Strategy: :Implementation on Listening/Referral Continued	Loreto Parish/Mercy Hall	Maria Johnson/Ojo/ Lemanya.
03/27/12	Visitation of Volunteers @ Various Floors will continue	Flyer; for coming to workshops/ cancelled bc of Weather	$100 budget for paper, Ink, Gas/ entertainment. Anthony
08/03/12	Emergency Meeting with site team 6pm/ Division of labor/ To review report	Parish: Our Lady of Lourdes	Maria/ Johnson/ Joset.
09/05/12	MonthlyMeeting:Report/review Strategy: Meeting with Volunteers	Parish: Our lady of Lourdes/Internet Communication	Entertainment/Writing materials: $50 Editing $2,000
11/15/12	Workshop on coping with Grieve & Lost (Not met) Site Team removed it from my project.	Mercy Medical Center	A. Stillwell

12/22/12	Workshop with volunteers on Listening skills/ Referral	Mercy Medical Center Hall	Lemanya / Ojo
01/01/13	Proper Writing on the project continues:Approval &Submission of Proposal to Keith Russell:	NYTS	Carissima/ Maria/Ojo/Brenda
04/2013	Oral Defense	Debut Presentation	
05/2013	Graduation	Due	

APPENDIX C

ANNOTATION

1. **Donna J. Markham, *Spiritlinking Leadership*, [New York: Paulist Press, 1999]**

I was captivated by the caption of this book and I felt motivated to search for the basic skills that will help me overcome certain obstacles in life as a pastoral leader. Many pastors are faced with the lack of Spiritlinking leadership qualities that is why I am interested in this book so as to boost my leadership competency. Thus, Donna J M., believes that t he willful and incessant act of working through resistance to organizational transformation helps build up cordiality and encourage network of human compassion among workers. This will in turn pave way for interweaving teams of relationships in my ministry and through my project I will be able to apply spiritlinking leadership that will encourage new ideas and new ways of responding to the mission of Jesus Christ[66]

2. **Morton Kelsey *Resurrection* Release from Oppression, New York: Paulist Press, 1985**

I was attracted by Morton's input on the resurrection which many patients and care givers going through grieve and loss encounter. It is a very captivating book, which will sharpen my understanding and believe in the resurrection. Some Care givers always struggle with the thoughts of seeing their love ones on the last day. When they encounter patients with the same problem they become emotional about it. Some patients ask dying say to me I wish I can see my dead dog on the last day. I always assure them with the words of Jesus Christ which says that where I am will my disciples and believers be [Jn 17:24]. Morton Kelsey knew that it was a bit

1. Donna J. Markham, *Spiritlinking Leadership*, [New York: Paulist Press, 1999] pp2-3

hard to convince people about resurrection when she asserted that:

> Those who wish to present the resurrection
> to modern people need to know the comforting
> humility of some of the greatest scientific minds[67].

3. **Gene Knudsen Hoffman, *Compassionate Listening* Torrance, CA: Friend's Bulletin Pub.,] 2003, 263-311**.

Compassionate Listening: This precious book written by Gene Knudsen Hoffman has many insights on how to be compassionate listeners. She has lots of case studies of people that she worked through with her compassionate listening skills[68]

I am very much interested in her applied listening skills that it will be among my major working tools. Gene Hoffman insight on how to listen to the oppressed people of Libyan, the marginalized and those in captivity will really create an impact on me and the project at hand. It is not just enough to listen to someone passively but with compassion. Gene Knudsen was at the moccasin of every person she encountered. I learnt her style of paying attention to detail. Every story was very important to her. She made sure that the victims felt her presence and listened to. No wonder why she opined that:

> Reconciliation is to understand both sides, to go to one
> side and describe the suffering being endured by the other
> side ; then to go to the other side and describe the suffering
> endured by the first side.[69]

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[67] Morton Kelsey *Resurrection* Release from Oppression, New York: Paulist Press, 1985.

[68] Gene Knudsen Hoffman, *Compassionate Listening*, (Torrance, CA: Friend's Bulletin Pub.,) 2003, 263-311.

[69] Gene Knudsen Hoffman: *Compassionate Listening,* Torrance, CA: Francis Bulletin, 2003.

There is no doubt in my mind when Hoffman spoke about listening to both parties that she really listened to them. When one listen with compassion, one is paving way for a sacred ground for healing and reconciliation. This is my insight to her perspective.

1.

2. **Denis Breton & Christopher Largent, *The Paradigm Conspiracy* Why Our Social Systems Violate Human Potential and How We can Change them,[Minnesota: Hazelden] 1996, 28**

My project is on help in creating awareness in the training of Spiritual Care Companions with a paradigm that will complement already existing one for effective care giving. I read the book written by Denis Breton & Christopher Largent on the Paradigm Conspiracy. I was searching for the meaning of paradigm, and I discovered a lot about the social system we live in. I saw the power of paradigm. Not everybody or organization can tolerate change. People attack paradigm seekers as if they are intruders. Many people that do not have strong will focus and right plan for the paradigm drops their God given talent and contribution for innovation on the way. This book offered lots of insights on the meaning of paradigm, how the conspiracy on paradigm started, how people respond to certain pressures on paradigm and the solution to various paradigm shifts. I find it very fascinating because my project has lots of conspiracy and stumbling blocks that is similar to the cases being described in this book. I learnt from this book that changing one's paradigm changes every thing.[70] This book undoubtedly has forum for self knowledge about our paradigm filters

[70]Denis Breton & Christopher Largent *The Paradigm Conspiracy Why Our Social Systems Violate Human Potential and How We can Change them*,[Minnesota: Hazelden] 1996, 28

3. **Kay Lindahl *Practicing the Sacred Art of Listening*, [Woodstock VT: Sky light Path Pub.,] 2009, 89,**

Practicing the Sacred Art of Listening is another book that really helps me focus on my project proposal. It provides me with the meaning of listening. It has variety of listening skills for various people and situations. It dealt with impact of listening and how to pay attention to conversations.[71]

It is all round listening skill book. It has forum for contemplative listening reflective listening, group listening and so on[72]

Kay Lindahl treated lots of topics in this book. It is very interesting because it has guidelines for listening stick exercise and prayers. I feel comfortable using it for my project because it resonates with most of the qualitative skills that I wish to apply in my project.

4. **Joanne Lynn & Joan Harrold *Handbook for Mortals Guidance for people Facing Serious Illness,* [New York: Oxford University Press], 1999.**

This book has lots of insight that will help the care givers going through series of infirmity that will stop them from volunteering. One of the volunteer care givers came to me in tears because she was emotionally disturbed about her lower immunity, which would deprive her of the opportunity to serve. She visited a patient that was going through the same predicament and she came out emotionally depressed. When I saw this book I gave it to her and she was able to find solace in the wisdom from this book:

> We each get our brief time on stage and then we
> are gone. Sometimes everything can seem so pointless
> Why bother to live? Nothing is so deeply human as to

[71] Kay Lindahl *Practicing the Sacred Art of Listening*, [Woodstock VT: Sky light Path Pub.,] 2009, 89,
[72] Ibid., 13 & 79

> search for meaning…..Many discover that finding meaning that transcends physical limits becomes important to them as they try to live despite serious illness[73].

I treasure this book as a very good resource tool for my project.

5. **Charles J Keating, The Leadership Book, [New York: Paulist Press], 1978**

The resource from this book is an eye opener to my leadership competency and efficiency. I observed that sometimes the chaplains perceive the Spiritual care companions as rivals in the ministry. This new group suffered lots of resistance and series of meetings and orientation helped to balance stuff. I learnt from this book that

> "Delegation is a way of sharing power with others." [74]

When there is mutual understanding between the certified chaplains and the volunteers, things will be easier and better in the care giving ministry. I feel that now there is mutual collaboration among them to the extent that some of the volunteers are now going in for chaplaincy program.

6. **Peter John Cameron Rev., Benedictus, Day by Day with Pope Benedict XVI[Yonkers New York: Ignatius Press] 2006,**

I learnt from this book the respect for human dignity and why we still devote our time, life and energy in caring for one another. Thus, it is the intention of the Holy Father Pope Benedict XV1 to promote the dignity and respect of all human beings no matter the

[73]Joanne Lynn & Joan Harrold, *Handbook for Mortals* Guidance for people Facing Serious Illness, [New York: Oxford University Press], 1999.

[74] Charles J Keating, *The Leadership Book,* [New York: Paulist Press], 1978, 105

condition and situation. This can be seen in this reflective but inspiring work of art by Rev Peter Cameron:

> Human beings are not a mistake but something willed; they are the fruit of love…..The question about what the human being is finds its response in the following of Jesus Christ.[75]

This is very encouraging to hear from the Pope. It uplifts the morale of volunteers or many people of good will all over the world. This book highlights the importance of 'discovering God in our suffering[76] This author goes further to portray the essence of paying attention to what people say and "why listening is a part of life".[77]

7. Maria Harris *Fashion Me a People* [Louisville, Kentucky: Westminster John Press] 1989.

Looking at my project and then scanning through this book, I find it interesting because it embraces an inclusive understanding of the church as "a people" where everyone is recognized and taken care of. In one of the topics here Maria Harris portrays the pastoral vocation towards the people as the most compelling because:

> it takes our humanness seriously. Being a people, a community of persons, means that all of us are flesh and blood , heirs to both the heights and the depths of everything that goes into being human[78].

This really confirms the idea that resonates with me about the church

> We can understand the vocation more deeply When we realize that the church is a people with With a mission[79].

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[75] Peter John Cameron Rev., *Benedictus, Day by Day with Pope Benedict XVI* [Yonkers New York: Ignatius Press] 2006, 53.

[76] Ibid.94,

[77] Ibid., 217

[78] Maria Harris *Fashion Me a People* [Louisville, Kentucky: Westminster John Press] 1989, 23

[79] Ibid., 24.

When Maria Harris takes up words like Koinonia in his curriculum of community it makes sense to me the type of church that is conducive for a genuine worship and ministry in a 21st century church.[80]

8. **Frankl Victor., *Man's Search for Meaning*, [Boston: Beacon Press, 2006].**

I am interested in this book for my project because it has a lot to offer to my Spiritual companion group and to myself. My understandings of life stems from believe in God. There is no meaning to life without deep attachment to Christ. Jesus says in the Bible that "apart from him we can do nothing" [Jn 15: 5-7]. To abide in Christ is to have life in abundant, that is my convincing belief [Jn 10:10]. Life does not end in wealth nor do I define life with affluent rather, I define life with my relationship with God and neighbor as a bond of honest and genuine co-existence that has an eschatological goal in mind. The sufferings, death and resurrection of Christ help me to understand what Frankl and Becker were talking about. There is hope of sunshine after the rain. There is time to die and time to rise from death. There is time for everything [Ecclesiastes 3:1-10] I survived drowning in the local river at the age of 9 and it was still vivid in my mind how I struggled to live by holding unto the root of a tree which I referred to as the "root of Jesse." What sustained me in my struggle was my love for the priesthood and for my family especially my mother. When the river current was about to drag me into the main stream such instinct of self preservation was very strong in me.

Frankl's theory of meaning of life stems from his mentally intensive prison experience coupled with his resilience to live. His emotional feelings about his wife and the craving to behold her again sustained his hope. [81]

[80] Ibid 75-76

9. **Edwin H. Friedman *Generation to Generation Family* Process in Church and Synagogue, New York: The Guilford Press, 1985.**

This book deals with systemic dynamics. Many people carry their domestic crisis to their area of work. This is not healthy for the staff and for the patients. Some may not be able to resolve the crisis before coming to work. I find this book very interesting because it will help both I myself in my ministry and the Spiritual care companions to be able to identify the family homeostasis and how to handle certain situations that raise ugly head in their family. It can be very frustrating to drag oneself to work in the hospital with loaded unresolved family crisis. Friedman opines that:

> such focus on the systemic forces of emotional process rather than on the content of specific systems is just as applicable whether the family problem surfaces as anorexia, senility, bad school habits, obesity, alcoholism, adultery, or chronic lower back pain.[82]

This book is very resourceful to my project in many ways It deals with the family process in the synagogue, the idea of family, the marital bonds, the child focused families, the family approach to life style ceremonies, leadership and self in a congregational family. I really have a lot to explore. Other areas of interest in this book are the way it treated the personal families of the clergy and the immediate family conflicts and traps[83]

10. Richard I. Fisher, *Learning Difficulties* Strategies for Helping Students, Dubuque, Iowa:

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[81] Frankl V., *Man's Search for Meaning*, [Boston: Beacon Press, 2006], **37.**

[82] Edwin H. Friedman *Generation to Generation Family* Process in Church and Synagogue, New York: The Guilford Press, 1985, 17.

[83] Ibid., 277.

Kendall/ Hunt. 1987

I cherish this book in many ways because it speaks about a disorganized student that really needs a

> teacher who can use advance organizers and can promote meaningfulness, and organization of material.[84]

It is a wakeup call for me in my project. I need to apply some of the organizational skills like self adjustment deficits skill in my ministration for I have grade four to seven student and the spiritual care companions to help. It will help me to advice the target audience about the hearing impaired guidelines which some of them need. When a staff lacks motivation in his or her work due to an overwhelming depressive hangover or unresolved personal grief, it impairs or slows down one's ability to work effectively.

11. Rando T (1984 p7) sees death as "the reunification with the Creator" and "it would carry one to a final reward" Corey G., (2005) confirms that existential opinion on anxiety is:

> "a constructive form of normal anxiety and can be a stimulus for growth. We experience this anxiety as we become increasingly aware of our freedom and the consequences of accepting or rejecting that freedom. In fact, when we make a decision that involves reconstruction of our life, the accompanying anxiety can be a signal that we are ready for personal change. If we learn to listen to the subtle messages of anxiety; we can dare to take the steps necessary to change the direction of our live" (p.143).

From this existential view we go into the biblical and theological perspective of death anxiety, for death anxiety is part of the human worries which is also explored in the theological and biblical

[84] Richard I. Fisher, *Learning Difficulties* Strategies for Helping Students, Dubuque, Iowa: Kendall/ Hunt. 1987

context. Rando, (1984) opines that it is often of the most difficult things in the world to do: to sit and listen while another's heart is breaking with grief, to hold the hand of a dying patient who cries silently while staring into space. The very most that we can do for dying patients is to make it better, with our presence and concern, than it would be if we were not there. We can strive to facilitate emotional expression and ventilation, which have been demonstrated to be therapeutic, but we cannot "do" anything that can get rid of the psychic pain of impending loss and death" (p.272).

12. Corsini,R.J. et al (1994) buttressed the point on anxiety by Freud said:

> "when the buildup of instinctual energy is too great to be dealt with in either manner, the state of the unpleasurable created was called by Freud a traumatic state, and the event causing it a traumatic event. The emotion experienced during a traumatic state he termed anxiety. An insight on the clinical experience of Freud with adults and their memories of their past led him to conclude that traumatic states are most likely to occur in young children or infants when the ego or the mental abilities necessary to bind or discharge instinctual energy are not fully developed" (p 92).

13. Corsini R.J. et al. (1994) lined up the Freudian's early sources of anxiety: 1) absence of the mother; 2) punishments which lead to fear of loss of parental love; 3) castration fear or the female equivalent during the Oedipal (Vol.1 p. 91). Freudian view does not agree with the teachings of the church and was attacked ferociously by some theological disciplines.

The fear of death issues can be understood in existential terms as the problem of finding meaning in one's life. From this analytic way of seeing death anxiety, we shall see briefly the existential psychology theory which tends to match with my own cultural view about suffering and death. Life is full of struggle.

14. According to McCarthy, J.B (1980) "others are overtly fearful and quite conscious of their uncertainty, which like the chess pieces falls in the valley of the shadow of death" (p.7).

15. In the light of Flannery A. (1980) death is seen as a mystery that torments human beings:

> "Man is tormented not only by pain and by the gradual breaking-up of his body and even more, by the dread of forever ceasing to be. But a deep instinct leads him rightly to shrink from and to reject the utter ruin and total loss of his personality. Because he bears in himself the seed of eternity, which cannot be reduced mere matter, he rebels against death" (pp.917-918).

Further more Flannery, (1980) adds that St Augustine knew that life has a purpose, a goal, and that we have final destination as believers. That's why St Augustine said "thou hast made us for thyself, and our heart is restless until it rests in thee" (p. 922).

16. Morgan, (1990) explains that in dying, we live. Jesus didn't want death, but when it came he accepted it as part of the givenness of his life. By accepting death "Jesus robbed death of its power and delivered us from its terror. So fears may be liars; even that final fear" (p97).
17. Burkert W. (1996) demonstrates that "the utmost seriousness of religion is linked to a great overriding fear of death. The value of religion…is that, it deals with the "ultimate concern" and thus fits the biological landscape" (p.31).
18. Catechism of the Catholic Church (1994) teaches that Christ death is both the paschal sacrifice that accomplishes the definitive redemption of men and women through the Lamb of God who takes away the sins of the world… (p159). Christ's death is salvific. Christ as God-man has conquered the fear and death anxiety by rising from the dead. In (John11:24) he said "I am the resurrection; who believes in me, though he die, shall live. Whoever is alive by believing in me will never die". These words from Christ became the Christians' source of strength and belief in the life after death.

In this chapter, we have seen the philosophical, psychological, biblical and theological perspective of death anxiety; it might interest us to know in chapter three how various people, like children and adults understand death anxiety.

19. Mc Cathy, (1980) suggests that death fears develop in childhood, indistinguishably from depression and separation anxiety, only to be later integrated into characterological trends that symbolize one's neurotic problems. I share the same view with Mc Cathy, (1980) that the fear of death is to some extent universal. Particularly in the transference and at the points of resistance to growth, the psychotherapeutic work uncovers the patient's unique blend of death anxiety and personality problems.

But from my study of pastoral counseling I believe with Mc Cathy, (1980) that psychoanalytic psychotherapy provides the medium for the growth of the self, while allowing for the unraveling of the threats to the patient's self.

20. Bee & Bjorklund, (2004) assert that:

> "understanding of death changes over the life span. Pre school children, for example typically believe that death can be reversed, that dead persons still feel or breathe, and that death can be avoided by some people, such as those who are clever or lucky, or perhaps their own family. At about school age, children begin to understand both the permanence and the universality of death" (p381).

I remembered when I was seven years old, my mother lost her senior brother, and I went for the funeral. Within me there was that inner feeling that he might never come back again to this world. The same thing happened to a child of eight whose mother died in the delivery room, she told the father "mummy is taking time to come home, where is the baby or are they dead?" she observed the mood of the people that came to their house, and noticed that they were not happy and lively as they used to be when their mummy gave birth to her siblings. Children are sensitive. Bee & Bjorklund, (2004) responded,

> "when an elder dies, everyone else in that particular lineage moves up one step in the generational system. Beyond the family, death also affects other roles, such as by making room for younger adults to take on significant tasks. Retirement Serves some of the same function because the older adult "steps aside" for the younger" (p.381).

This assertion is verifiable as we experience our life activity in the society, or culture in which we live. One sees that death introduces a kind of static flux in our society. In various clan, kindred, village and town, as the elders retire from active services like guiding the town turn by turn according to age grades, the younger ones take over the guiding of the city and town. The same thing is applicable to community services, church activities like planning the bazaar sales, fund raising, monthly tournaments and tourism etc. Bee & Bjorklund, (2004) opine that "unlike beliefs in an after life, in this domain there are age differences. Young adults are more concerned about loss of opportunity to experience things and about the loss of family relationships; older adults may be more concerned with the loss of time to complete some inner work" (p.382).

21. Even Kennedy & Charles, (2001) are of the view that the upsetting medical diagnosis or the death of a spouse, or major loss experience in ones life may cause or induce a maladaptive behavior, similar to too much drinking, promiscuous sexual behavior (p 251).

22. Albom M., (1997) adds that "everyone knows they are going to die…but nobody believes it. If we did, we would do things differently…how can you ever be prepared to die? Is today the day? Am I ready?" (p.81).

23. Children dream a lot about their parents. Meyer, C. (1997) says,

"do not shield the child from the events, as it usually makes things seem worse, given what the child is imagining about them. Often the reason children are frightened and apprehensive about death is because they are reflecting the views and feelings of the adults around them. If adults are shielding themselves from the death or dying process, due to their discomfort or confusion, the child will follow that model; if the adult model shows comfort as well as emotional upset, the child will be good for both" (p.154).

Meyer, C. (1997) enjoins us to

"listen for feelings of guilt from the child. Children think that they are omnipotent. When a loved one dies (or a pet, cat, dog, or goldfish) the children may think they had something to do with it. Phrases like: "if I had been better, then Gramps would not have died," or "if I had visited him that last day….straightforwardly telling the child that that thought is untrue, and explaining the medical or accidental cause of the death may save the child years of self punishing behavior and diminished self worth" (p.p.154-155).

24. Kesley, (1985) commented on the personification of death saying, "the early church fathers believed that the evil one whom they personified as death attacks human beings, inducing them to sin, causing mental illness, physical disease and finally death" (p.66).

These funeral ceremonies and rituals involve money; it creates anxiety to the Igbo family. Fifthly, if the soothsayers linked his or her sickness to the vengeance of the gods, then all his belongings including landed property will be appropriated henceforth for the gods or goddesses. It heightens tension and anxiety in the living, especially when there is no money for the ceremony of cleansing. The daughters of the survivors will find it difficult in most cases to be engaged in marriage. They suffer for what they do not know. This cultural stigma threatens the freedom of the dying and the family of the demised.

25. Harrold & Lynn, (1999) confirm that "Many patients are frightened of being alone, or just want a loved one nearby to help ease their passage, perhaps holding a hand" (p.150).

26. Neugarten, (1970) quoting a lady she interviewed stated that "before I was born, the future just

stretched forth, there would be time to do and see and see and carry out all the plans I had.…Now I keep thinking will I have time enough to finish off some of the things I want to do?" (p.78).

27. Erich Fromm, (1947) claimed that man's awareness of his own death produces anxiety that can only be dealt with by recognizing ones individuality. Man's awareness of death gives him the responsibility for finding meaning in life. No wonder why my grand father used to say, "I have few days on earth I have to make haste while the sun shines for I will soon join the oblivious darkness of my ancestors". Even when he was sick he carried it to his farm land saying that "so far there was life man must fight for survival of his family and plant his feet in the sand of time".

28. Sanford, (1978) gave a startling example when he asserted that:

"Death is not ordinarily shown in dreams by the death of the dreamer. If we have a dream in which we die it usually portends the need for a great psychological change, for all change requires the death of something in order that something new may develop. The death of the body is another matter…(P31)

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APPENDIX B
SITE TEAM MEETINGS

November 20th, 2010
Meeting at Our Lady of Lourdes Parish Malverne; 5:30-9.00pm
Agenda:

- Introduction of Members
- Discussion on Program
- Challenge Statement Discussion
- Project description.
- Coffee and Beverages, Snacks, Tea, Biscuits served
- Next meeting dates were discussed.

Minutes:

Site Team members felt excited about my project and were eager to help me to the best of their ability. Most of them exchanged pleasantries for the first time and were ready to go with me.

Discussion of the Project proposal:

I introduced the topic for my project; they felt that it was a good project to start with.

Some suggested websites and books to be used.

I also told them the extent I had gone in collecting books and still need their assistance with regards to materials.

Reason for my Project was discussed:

- Due to lack of certified chaplains at various floors, there was the urgent need to involve the volunteers.
- Poor quality of listening skills exhibited by volunteers drew my attention.

- Population of patients within the hospital was a challenge to the workforce of chaplains/spiritual care companions.
- Population of volunteers is greater than chaplains'.
- Religious and pastoral demand on chaplains from patients compelled me to work on this project.

Task of training the volunteers became a dilemma.

We have Spiritual Care Companions volunteers and untrained volunteers.

The Spiritual care companions were chosen initially by the site team to work with. The reason for their choice was because they were already in existence and all I needed to do was to use my project to complement what they already had. I accepted their proposal.

Division of labor:

- Time keeper, secretary and chairman for the meeting were appointed. It was joyfully done. This was the first project meeting with the site team before Thanksgiving.
    - Prayers were said after.
    - Next meeting was scheduled for January 16th, 2011.

January 16th Meeting was postponed because of weather.

Email and Phone conversation was going on

March 18th 2011

The Second meeting was held at Our Lady of Lourdes Parish.

5Pm-8.30Pm.

The meeting was to present to them my agenda for the Spiritual Care Companions.

The lesson plan & notes I prepared for that day May 23rd were read.

I mapped out the outline for the lecture:

A PAPER PRESENTATION ON LISTENING WITH COMPASSION BY REV FR ANTHONY MADU TO THE CHS SPIRITUAL CARE COMPANION ON MAY 23RD 2011 OUT LINE:

Introduction,

Explication of Terms: Listening, Paradigm, Compassion

COMPLEMENTARY PARADIGM: Deacon Style, Emmanuel Method

Companion Ears, Lesson Learned,

Workshop Questions, Compensational answers, conclusion.

Exercise for workshop: Questions formulated and agreed upon…

1) Is it hard for us to connect with patients during our friendly visit? 2) How do we break the ice especially with patients that have an attitude? 3) How do we listen to patients? 4) Do you take patients attitude personally? 5) How do you exit when you feel not being welcome? 6) Is there any signs or expression that makes you feel that you made a good visit? 7) What of cultural barrier, is it a problem to you during visits? 8) How is your hearing ability-- do you have a problem with it? 9) Are you comfortable with an intubated patient?

G**ood Visit to Patients:**

It may interest you to know that patients applaud you through these sentences and phrases: 1) Some patients may tell you please come again. 2) Are you always around? 3) How can I get in touch with you? 4) Will you visit me tomorrow? 5) Please come again. 6) You really made my day 7) This hospital is very nice 8) Everybody treats me as if I am very special. 9) It is good to be here 10) Nice talking to you. 11) What's your name

again? 12) Thank you for listening to me 13) Your coming today was very helpful 14) You never know how I cherish your visit 15) Your visit meant a lot to me. 16) Thank you for stopping by. 17) I appreciate your presence. 18) It is good to see you. 19) I feel better today with your visit 20) I was depressed before but your visit really uplifted me. 21) I am glad that someone spent time to listen to me. 22) I have never been listened to like this. 23) I feel great today. The Site team approved this lecture presentation

We scheduled another meeting in July10th, 2011.

Site Team Meeting in July did not hold because I went to Africa to support my father who was sick and going through a series of eye surgeries.

SITE TEAM MEETING

Next meeting was done in October, 16th 2011.

Present were Sr. Betty Ann, Sr. Buckley, Dr. Gunn, Rosie, Elaine Still Well.

Demonstration Project: for February 2012 discussed.

- Review of last minutes from last meeting discussed.
- Spiritual Care Companion Volunteers to be dropped (clash of interest among site Team members)
- Volunteers of Kathleen Fee to be used -- if there should be a paradigm
- Deliberation continued on terms and conditions.
- Meeting with Kathleen Fee fixed.
- Meeting ended.

SITE TEAM AGENDA

JANUARY 14TH, 2012.

- Review minutes from last meeting
- Kathleen Fee Approved the use of her Mercy Volunteers.
- Project Goal and Evaluation Criteria discussed
- Questionnaires to be formed (Very difficult for volunteers to form. I was left alone with it at every meeting to do.)
- Competency Assessment to be worked on by Site Team.
- Email correspondence to be done for Competency Assessment.
- Two site Team members left.

Discussion about the Spiritual Care companion was discussed and resolved. Conflict of interest blocked the move. My secretary left for studies and one of the sites team went for knee replacement. Report on Kathleen Fee Mercy volunteers was given. Site team welcomed the new development.

Challenge Statement and Project Discussion.

Overview of the Project was deliberated upon.

Websites for listening skills, books on basic skills and Compassion were discussed.

MINUTES OF THE SITE TEAM MEETING

FBRUARY 14TH 2012

Meeting was conducted at Our Lady of Lourdes Parish from 5pm-8.30pm. Three members were present, one went for knee replacement, one left because she went back to school for Masters and CPE. It was too much for her.

Discussion on the Demonstration Project Proposal were discussed and the challenges facing its approval.

- Confusion was still on about my proposal approval
- As we wait for the approval, I was gathering materials for the project
- I gave report of my meeting with volunteers at Mercy.
- Volunteers were interviewed and Recruited for this project.
- Site Team found it difficult to formulate questionnaire based on my project.
- Site Team gave me assignment to find illustrations from the scripture about Jesus Compassion.

- I came up with 10 questionnaires which they moderated and we agreed on them.
- Competency Assessment goals and objective were discussed.

MARCH Meeting 24th 2012

This meeting was cancelled.

MINUTES OF THE SITE TEAM MEETING

APRIL 28TH 2012.

Minutes were reviewed. Progress report was made on how the volunteers were responding

- Gestalt Theory was used on the volunteers to allow them experience the dramatic story of the Good Samaritan.
- The Story of the Good Samaritan was chosen because it revealed a lot of character and learning for the volunteers. It showed sympathy and compassion in action. It showed volunteer's role to the wounded stranger (Lk 10:25-37).
- Lk18:38 was used to teach how compassionate a listener Jesus was and how he was able to listen to him
- Jn 8:7 was demonstrated to show the forgiven and nonjudgmental attitude of Jesus
- Jn 11:35. To show the emotional side of Jesus and his compassion for his friend Lazarus and family.
- Matt 21:31-46; Used to encourage volunteers on their care and visit to the sick.
- Matt 8:4: See that you tell no one. He promotes Confidentiality.

- Matt 6:3 Promotes Jesus agenda of giving, sacrifice and still maintaining confidentiality and humility attached to the reward.
- Questionnaires not included here.
- Paradigm Shift on the part of volunteers was discussed:
- Concern about similarity between what I teach and what the Spiritual Care Companion came up. The above scriptural input on my project resolved it. Also the fact that the Spiritual care companions are trained while Kathleen Fee volunteers were not trained helped to resolve the difference.

SITE TEAM MEETING AND AGENDA

June 20th, 2012

- Review of the minutes
- Progress with volunteers and implementation of the listening /Referral skills/compassion
- Verbal : Words, phrases, stories, from patient,
- Non Verbal: Body language, Head Nodding, Eye contact with caution(cultural issues) Hand signs
- Self-disclosure,
- Paraphrasing
- Probing
- Contemplative
- Reflective
- Open ended Question

- Active and Passive listening
- Good and Bad listening
- NB: Referral Skills was taught.
- Words to watch out for will be seen in the Manual: Appendix E

NB: Not all the skills were taught and practiced by the volunteers to avoid conflict of interest among the chaplain supervisor and Spiritual Care Companions. In the Catholic institution, one is limited to certain institutional changes. I hope I will be understood. The area that I was allowed to concentrate on was in area of listening and referral skills, with caution to exploration of feelings and spiritual assessment. The reason was because certified chaplains need volunteers' help here. Because of HIPPA regulation patients were not involved as such in this project. Only the certified chaplains were allowed to explore the feelings of the patients

AGENDA FOR THE SITE TEAM

JULY 28TH 2012.

1. Last meeting minutes reviewed
2. Doctor Martha Jacobs welcome the new changes made with the volunteers and advised me to remove everything concerning Spiritual Care Companion from my project.
3. I informed my site team about my deliberations so far and how I have been gathering data and working with the volunteers at various units.
4. Workshop results were shared. Progress with the unit to unit teaching and assessment of implementation going on since January. So far so good.

5. Site team approved on Gestalt theory and illustrative chapters and Drama for the methodology as it involves implementation of compassion and listening skills. Likert scale will be used to measure the extent of success so far after six to nine months. But the six weeks period of assessment will be going on.

August meeting 6th 2012 did not take place because I traveled home for my mother's hysterectomy surgery.

MEETING WITH SITE TEAM

SEPTEMBER 24TH 2013.

Review of the last minutes was made;

Progress Report:

- 20 volunteers were formed for the implementation of the project.
- Survey Pre and Post questionnaire will show how they progress and welcomed the project.
- Unit to Unit supervision and discussion helped the volunteers to learn the basic skills, though initially, it was not easy for some of them. It was a paradigm shift from what they were used to.

Volunteers preferred the Likert scale for the questionnaire instead of the Yes or No one. I figured out from volunteers' feedback that during recruitment they were comfortable with simple interview style of "yes" and "no".

MEETING WITH SITE TEAM

DECEMBER 20TH 2012

Review of the Agenda:

- Progress report on my project
- Research paper going on
- Volunteers are getting along with the listening /Referral Skill
- More phone calls and referrals were noticed by certified chaplains
- Biblical reading and image of our Model Emmanuel sustains their compassion for patients' well-being and listening to them.

Next Meeting was on January 16th 2013.

SITE TEAM MEMBERS

JANUARY 16TH, 2013.

The old site team members were thanked and appreciated for their efforts and support throughout my project proposal which they made an effort to help approve but it did not work out well. I was advised by Dr. Martha Jacobs, Dr. Wanda Lundy, and Keith Russell to change Site Team which I did. The new site team really provided me with questionnaires which the former members found it hard to do. I then invited a Licensed Family and Child Therapist, A Bachelor Degree Nurse, A Bachelor Degree in Science man and a Bachelor Degree in Nutrition lady together with a retired Social President of various African functions in America who helped to work me through with Pre and Post Survey. They met with the old site team on December 16th .The interesting members of the former site team still helped to advise and to proofread materials for me. Last meeting before the approval of Demonstration Project was on January 16th 2013.

Site team was going through my project chapter by chapter, as I write to meet the dead line by February 1st.

- Discussion through phone and email was going on.
- Volunteer practice and monthly implementation was going on we shall be having our last workshop on 16th and 23rd and the new site team members were invited.

APPENDIX C
INTERVIEW QUESTIONS DURING RECRUITMENT:

1) Is it hard for you to connect with patients during your friendly visit?
2) How do you break the ice especially with patients that have attitude?
3) How do you listen to patients?
4) Do you take patients attitude personally?
5) How do you exit when you feel not being welcome?
6) Is there any signs or expression that makes you feel that you made a good visit?
7) What of cultural barriers, is it a problem to you during visits?
8) How is your hearing ability, do you have problem with it?
9) Are you comfortable with the intubated patients?

APPENDIX D
PRE SURVEY MEMO AND VOLUNTEER QUESTIONNAIRE

Dear Volunteers,

I am Fr. Anthony Madu. I am doing a Doctor of Ministry project with volunteers who are not professionally trained on listening and referral skills but are working in a hospital setting. Some of these volunteers have not been trained on how to listen to patients. Volunteers encounter patients on daily basis in their various unit, distributing water, ice, magazines, transporting patients to various floors and to the chapel. Some also are Eucharistic ministers, and Spiritual Care companions who give Holy Communion to patients. When they listen to patients' stories they may not know how to process their feelings and emotions because it is not their professional duty.

Some patients could be those who are terminally ill, some are still grieving but are sick and need to be visited by a certified chaplain. But because volunteers are not trained to handle such situations, chaplains may miss such individuals and they may go without any certified chaplain attending to them. This project is part of an awareness campaign of the need to train our volunteers with listening and referral skills so that they can offer effective service to patients and to certified chaplains for the overall patients' excellent care.

Can you take few minutes of your time to give me feedback on whether you will be interested in participating in this awareness process and project? Feel free to share and distribute it to other volunteers you think that may be keen to join us around Nassau and Suffolk counties of Long Island. I will be very grateful if these questionnaires are returned as soon as possible. I will also send these through email and hope to receive

manually through Katherine Fee's office or pastoral care office. Emailing is also acceptable and good. Thanks for being part of my project network and support.

Pre-questionnaires

Name_____ (Optional for all) Email_____

Gender: Male_____ Female_____ Age_____ Office/Department_____

	Agree	Strongly Agree	Not Agree	None
Do you think that volunteers need listening/referral skills				
Do you think that listening/referral skills provide a valuable component to your work as a volunteer				
Do listening skills enhance your compassion to the patient				
Does the Emmanuel/Jesus Style help you better understand compassion				
Do Readings from the Bible prove helpful in your work as volunteer				
Do you feel emotionally depressed after listening to patients				
Is your compassion for patients your priority				
Do you think that culture/Religion of patients should be respected as you listen				
Do you feel that confidentiality of patient will be respected after listening to patients				
Is it normal to interrupt the patient while he or she is still telling his or her stories				
Do you have experience about listening skills				
Do you have a problem listening to patients' story				
How passionate are you listening to patient				
Do you listen with compassion or with sympathy				
Do you know that we have free bereavement programs				
Do you manage your own emotions when listening to an abused patient				
Are you able to control your emotions when listening to patients				
Do you know about exit strategy when stocked with patients' emotion?				

POST QUESTIONNAIRES

Name_____ Email_____

Gender: Male_____ Female_____ Age_____

Name of Office/Department_____

	Agree	Strongly Agree	Not Agree	None
Did the Role Play you participated in enhance your listening/Referral skill/Compassion				
Were you able to connect with the listening/referral skills learned through Biblical Drama				
Does your volunteer work seem more valuable now				
Do you feel more connected as part of a team after this workshop				
Do you feel more confident in your volunteer work				
Can you feel comfortable now to make referral to certified chaplain				
What are your suggestions for future workshops				
What did you find most helpful				
What did you find least helpful				
Will you recommend this project to other volunteers				

APPENDIX E
MANUAL FOR VOLUNTEERS: LISTENING/REFERRAL SKILLS WITH COMPASSION.

Introduction

As volunteers work with patients, we have to bear in mind that most of them are uncertain about their life span on earth, some seek and search answers to their ill health and some are battling with end of life issues. Many families struggle with the condition of their loved one. Many patients and families turn to us by pouring out their mind and heart as they vent. Like Jesus we relate to patients with compassionate presence. Volunteers are like first responders to various units in some situations.

Volunteers have to be aware of the fact that they have to be ready to assist the nurses and certified chaplains in time of need. As volunteers, we are confronted with these emotional situations in various floors and so it is necessary that we are aware of these eventualities and the dynamics involved in our quality of service to patients. Consequently, we need to know how to engage with patients through listening skills. Patients know who is paying attention to them and who is not. Our body language and facial outlook matters a lot. We need to come with a cheerful smile to bring sunshine to the patient, to brighten their day and to assist them with a compassionate heart. This will lead us to accomplish the vision and mission of Mercy Medical Center.

Precise Setting: Mercy Medical Center, Long Island.

Mercy Mission: Catholic Health Services of Long Island as a ministry of the Catholic Church continues Christ's healing mission, promotes excellence in care, and commits itself to those in need. CHSLI affirms the sanctity of life, advocates for the poor and underserved, and serves the common good. It conducts its healthcare practice, business,

education and innovation with justice, integrity and respect for the dignity of each person.[136]

Volunteers: Areas of Implementation:

Listening Skills: Eye Contact, Verbal and Non Verbal gestures from patients

Active Listening: Paying attention without interruption.

Active presence, undivided attention.

Good Listening: Makes the patients' day. It makes him/her feel better respected and with dignity.

Referral Skills: To certify chaplains & Priests

Scriptural Illustrations: Lk 10:25-37 Good Samaritan; Matt 9:36 Compassion for the crowd.

- Matt 20:34: Moved with pity, he touched them and they regained their sight. Gestalt Theory was used on the volunteers to allow them experience the dramatic story of the Good Samaritan.
- The Story of the Good Samaritan was chosen because it revealed a lot of character and learning for the volunteers. It showed sympathy and compassion in action. It showed volunteer's role to the wounded stranger (Lk 10:25-37).
- Lk18:38 was used to teach how compassionate a listener Jesus was and how he was able to listen to him
- Jn 8:7 was demonstrated to show the forgiven and nonjudgmental attitude of Jesus
- Jn 11:35. To show the emotional side of Jesus and his compassion for his friend Lazarus and family.
- Matt 21:31-46; Used to encourage volunteers on their care and visit to the sick.
- Matt 8:4: See that you tell no one. He promotes Confidentiality.
- Matt 6:3 Promotes Jesus agenda of giving, sacrifice and still maintaining confidentiality and humility attached to the reward.

[136] "Mercy is for me," http://www.mercymedicalcenter.chsli.org/about-us/mission.html (accessed January 24, 2013).

MONTHLY PRACTICE ON LISTENING SKILL
FOR VOLUNTTEER

On each Unit:

1. Visit at least 5 patients a day
2. Introduce your name_____
3. Ask his or her name_____
4. Tell him or her why you are there. E.g. My Name is "B" I am one of the volunteers.

And what's your name please? Pause for a while then ask the next question: Open ended Questioning, Avoid probing

- How do you feel today? Or how may I help you today?
- Or how is your Spirit today.

You will be surprise how the conversation will start and how it will end.

- **Practice Eye Contact** [Non Verbal] with caution because of cultural factors
- **Facial outlook**.
- **Head Nodding** [Engage the patient]
- Observe **Body** and S**ign** Language
- With nonjudgmental demeanor

  NB. Be Contemplative. Listen uninterruptedly

  - Practice how to listen to the verbal gestures;
  - Be Reflective: Paraphrase when necessary e.g. I hear you say….?

  Do you mean to say…? This is just for clarification.

NB. **Self-disclosure** should not be more than the patient's story. It depends on the condition and your discretion.

NB. If the patient is not disposed to listen to you do not take it personally.

As you listen with compassion, remember Emmanuel approach: Model your visit as Jesus would do [Nonjudgmental] try to have a **companion Ear.**

- **Be present** to the patient without hurrying to go
- Let the patient feel your presence
- Be there for him or her
- Do not rush the patient. NB: Make REFERRALS TO CERTIFIED CHAPLAIN, if you hear, am grieving, terrible, in pain, abused, and lost a baby/pet (Need Confession:-call a Priest.) **Dial 1414** on any phone on the wall for chaplain or priest if none is at the Unit...

NB: If patient's story **triggers** your emotion. **Exit Strategy**: I am sorry I have to go now. I will be referring you to a Chaplain to follow up with you.

CHARTING SHEET FOR THE DAY:

Volunteers	**Words to look out For during visit With patients: Verbal/ Non Verbal**	**Referrals to:**	**Worksheet: Daily**
Verbal	Terrible, Anxious, Grieving, Abused, Am confused, DNR, I want to die	Certified Chaplain	Monday
Verbal	I need Confession. I haven't been to sacrament for years. Will God forgive me? Am Where is God? Am afraid to die.	Priest	Tuesday
Non Verbal	Body Language of patients: Observe it daily	Certified Chaplain	Wednesday
Non Verbal	Observation: Facial outlook: Daily	Referral when necessary	Thursday
Confidentiality	Daily Exercise: Verbal /Non Verbal. Introduce your Name	Referral when Necessary	Friday
	Daily Exercise: Verbal/Non Verbal, Introduce your Name	Referral When necessary	Saturday
	Daily Exercise: Verbal/Non Verbal, Introduce your name	Referral When Necessary.	Sunday

APPENDIX F
QUESTIONNAIRES

Pre Questionnaires with Six Weeks	Agree	Strongly Agree	Not Agree	None
Do you think that volunteers need listening/Referral skills?	4	2	0	0
Do you think that listening/Referral skills provide a valuable component to your work as a volunteer?	4	2	0	0
Do listening skills enhance your compassion to the patient?	4	2	0	0
Does the Emmanuel/Jesus Style help you better understand compassion?	4	2	1	1
Does the Bible reading prove helpful in your work volunteer?	2	3	1	0
Do you feel emotionally depressed after listening to patients?	2	4	3	2
Is your compassion for patients your priority?	5	2	0	0
Do you think that culture/Religion of patients should be respected as you listen?	7	1	0	0
Do you feel that confidentiality of patience will be respected after listening to patients?	4	4	0	0
Is it normal to interrupt the patience while he or she is still telling his or her stories?	3	2	5	1
Do you think volunteers have problem listening to patients' story?	6	2	1	0
Do you think that volunteers are passionate in listening to patient?	6	2	0	0
Do you know that we have free bereavement programs?	0	0	0	0
Do you manage your own emotions when listening to an abused patient?	6	2	0	0
Are you able to control your emotions when listening to patients?	6	2	0	0
Do you know about exit strategy when stocked with patients' emotion?	0	0	0	8
Did the Role Play you participated in enhance your listening/Referral skill/Compassion?	0	8	0	0
Were you able to connect with the listening/Referral skills learned through Biblical Drama?	0	8	0	0
Does your volunteer work seem more valuable now?	4	3	0	0
Do you feel more connected as part of a team after this workshop?	3	3	0	0
Do you feel more confident in your volunteer work?	4	3	0	0
Can you feel comfortable now to make referral to certified chaplain?	0	2	0	0
What are your suggestions for future workshops?	0	0	0	0
Will you recommend this project to other volunteers?	6	2	0	0

POST SURVEY QUESTIONNAIRE AFTER SIX WEEKS				
	Agree	Strongly/Agree	/Agree Neutral	
Do you think that volunteers need listening/Referral skills?	1	7	0	0
Do you think that listening/Referral skills provide a valuable component to your work as a volunteer now?	1	7	0	0
Does listening skills enhance your compassion to the patient now?	2	6	0	0
Does the Emmanuel/Jesus Style help you better understand compassion now?	1	7	0	0
Does the Bible reading prove helpful in your work volunteer?	1	5		2
Do you feel emotionally depressed after listening to patients?	2	4	0	2
Is your compassion for patients your priority?	2	5	0	0
Do you think that culture/Religion of patients should be respected as you listen?	1	7	0	0
Do you think volunteers have problem listening to patients' story?	1	6	1	0
Do you think that volunteers are passionate in listening to patient?	1	6	1	0
Do you think that listening/Referral skills provide a valuable component to your work as a volunteer after training?	1	7	0	0
Can you feel comfortable now to make referral to certified chaplain?	1	7		
Do you know that we have free bereavement programs?	0	0	0	0
Do you manage your own emotions when listening to an abused patient?	6	2	0	0
Are you able to control your emotions when listening to patients?		2	0	0
Do you know about exit strategy when stocked with patients' emotion?	0	0	0	8
Did the Role Play you participated in enhance your listening/Referral skill/Compassion?	0	8	0	0
Were you able to connect with the listening/Referral skills learned through Biblical Drama?	0	8	0	0
Does your volunteer work seem more valuable now?	2	6	0	0
Do you feel more connected as part of a team after this workshop?	2	6	0	0
Do you feel more confident in your volunteer work?	0	8	0	0
Can you feel comfortable now to make referral to certified chaplain?	0	8	0	0
Do you feel emotionally depressed after listening to patients?	1	7	3	2
Is your compassion for patients your priority?	1	7	0	0
Do you think that culture/Religion of patients should be respected as you listen?	1	7	0	0
Do you feel that confidentiality of patience will be respected after listening to patients?	1	7	0	0
Is it normal to interrupt the patience while he or she is still telling his or her stories?	1	6	1	0

Pre Questionnaire within 9months	Agree	Strongly Agree	Not Agree	None
a.).Do you think that volunteers need listening/Referral skills?	12	8	0	0
b) Do you think that listening/Referral skills provide a valuable component to your work as a volunteer?	10	10	0	0
c) Does listening skills enhance your compassion to the patient?	13	7	0	0
d). Does the Emmanuel/Jesus Style help you better understand compassion? Biblical Drama	2	16	0	1
e) Do you think that reading from the Bible prove helpful in your work volunteer?	4	16	0	0
f).Do you feel emotionally depressed after listening to patients?	2	2	10	6
g) Is your compassion for patients your priority?	2	17	0	1
h. Do you think that culture/Religion of patients should be respected as you listen?	1	19	0	0
i.)Do you feel that confidentiality of patience will be respected after listening to patients?	4	16	0	0
j.)Is it normal to interrupt the patience while he or she is still telling his or her stories?	1	0	15	1
k).Do you have experience about listening skills?	1	0	0	0
l.)Do you have problem listening to patients' story?	17	3	0	0
m.)Are you passionate in listening to patient?	10	10	0	0
n.) Do you listen with sympathy?	2	0	18	0
o.) Do you know that we have free bereavement programs?	4	4	0	16
p) Do you manage your own emotions when listening to an abused patient?	4	4	8	4
q) Are you able to control your emotions when listening to patients?	4	7	4	5
r.) Do you know about exit strategy when stocked with patients' emotion?	0	0	20	0
s.) Did the Role Play you participated in enhance your listening/Referral skill/Compassion?	1	18	0	0
t.)Were you able to connect with the listening/Referral skills	2	2	4	12
u.)Does your volunteer work seem more valuable without skills	12	8	0	0
v)Do you feel more connected as part of a team	12	8	0	0
w.) Do you feel more confident in your volunteer work?	6	6	4	4
x) Do you feel comfortable now to make referral to certified chaplain?	2	17	0	0

Post Questionnaires Questions	Agree	Strongly Agree	Dis Agree	None
a.).Do you think that volunteers need listening/Referral skills?	3	17	0	0
b) Do you think that listening/Referral skills provide a valuable component to your work as a volunteer?	3	17	0	0
c) Do listening skills enhance your compassion to the patient?	3	17	0	0
d). Does the Emmanuel/Jesus Style help you better understand compassion? Biblical Drama	2	18	0	1
e) Do you think that reading from the Bible prove helpful in your work volunteer?	4	16	0	0
f).Do you feel emotionally depressed after listening to patients?	2	6	10	2
g) Is your compassion for patients your priority?	2	17	0	0
h. Do you think that culture/Religion of patients should be respected as you listen?	1	18	0	1
i.)Do you feel that confidentiality of patience will be respected after listening to patients?	2	18	0	0
j.)Is it normal to interrupt the patience while he or she is still telling his or her stories?	1	3	15	1
l.)Do you feel that Volunteers have problem listening to patients' story?	12	6	2	0
m.)Are You passionate in listening to patient?	2	18	0	0
n.) Do you listen with sympathy?	1	1	18	0
o.) Do you know that we have free bereavement programs?	2	2	0	16
p) Do you manage your own emotions when listening to an abused patient?	2	17	1	0
q) Are you able to control your emotions when listening to patients?	6	10	2	2
r.) Do you know about exit strategy when stocked with patients' emotion?	2	18	0	0
s.) Did the Role Play you participated in enhance your listening/Referral skill/Compassion?		20	0	0
t.) Were you able to connect with the listening/Referral skills learned through Biblical Drama?	4	16	0	0
u.) Does your volunteer work seem more valuable now?	12	8	0	0
v) Do you feel more connected as part of a team after this workshop?	4	16	0	0
w.) Do you feel more confident in your volunteer work?	4	16	0	0
Do you feel comfortable to make referral to certified chaplain	2	17	1	0

APPENDIX G
AUTHORIZATION

MERCY
MEDICAL CENTER
Catholic Health Services
of Long Island

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PO BOX 9024
ROCKVILLE CENTRE
NEW YORK 11571-9024
516-705-2525

January 15, 2013

Dr. Keith Russell, Advisor
New York Theological Seminary
475 Riverside Drive
Apt. 500
New York, New York 10115

Dear Dr. Russell:

I am writing to let you know Father Anthony Mandu has had my permission to work with the Volunteer department toward the complete of his Doctorial Degree. He has been working with the volunteers since February 2012 and continues to present. I wish to certify that I gave Fr. Anthony Madu the permission to recruit volunteers who will be joining in the awareness project listening/referral skills.

This project is a very important project that will promote the mission and vision of Mercy Medical Center for Patients Excellent Care.

If you need any further information regarding Fr. Anthony please give me a call at 516-705-1394.

Sincerely,

Kathleen Fee, Director
Volunteer Services

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